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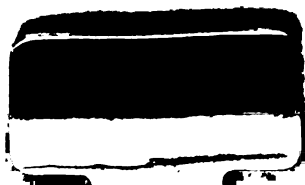
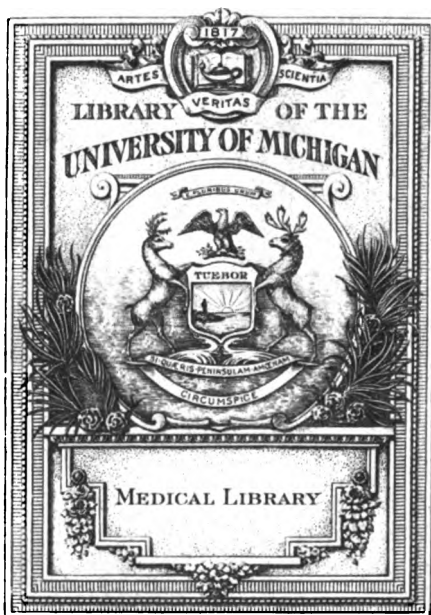
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TENOTOMY TO INCREASE THE MOBILITY AND POWER OF THE MUSICIAN'S RING-FINGER.

A Paper read before the Cincinnati Medical
Society, March 25, 1890,

BY

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The limited range of independent extension possessed by the fourth digit of the hand is well known to all observing persons; and is usually a most formidable stumbling-block to the pianist and other performers on keyed and stringed instruments, in the production of certain notes, and musical effects, as trills for example.

The causes of this impairment of mobility, which is associated with a corresponding lack of power in the digit, are two in number, namely: (1) mechanical, due to structural peculiarities of the parts; and (2) physiological, due to insufficiency of muscular development; the latter being dependent on the former.

The mechanical obstacles to free extension, as anyone may satisfy himself by dissection, or even by examination of the average living hand, are two oblique tendinous bands, situated about three-quarters of an inch above the knuckle line, connected proximally with the extensor tendon of the ring-finger and distally with the common extensor tendons on either side, namely: those to the middle and little fingers.

That these subsidiary tendons act as "guy ropes," and limit the extensor range of the ring-finger especially, may be determined by anyone for himself, by placing the hand on a flat surface and extending, first, the ring-finger alone; then extension of its neighbors on either side will demonstrate that all three can be brought higher than either one alone. The little finger is seen to be less affected than either of the others, owing to its possession of a proper extensor, which is free, while the middle finger is less limited than the ring, by reason of having the "guy" tendon on one side only.

These diagonal tendinous bands are constantly present, so far as my observation extends, though varying somewhat in development and position in different persons. Concerning their probable use, I am not aware that they are in any way an advantage to their possessor, considering the hand in its ordinary relations, though they would materially add strength to the hand, if used as an organ of locomotion, by reason of limiting its "spread." Looked at from a morphological standpoint, these slips may be considered as one of the many useless legacies transmitted to us from a remote ancestry, or, as a lady friend puts it, they are perhaps, "relics of a former incarnation."

Not only is extension of the ring-finger diminished, but separation of the three inner digits is materially lessened by the presence of these apparently insignificant slips, so that the lateral "spread" of the digits is impaired to such a degree as to become an important matter to the musician. And again, in addition to the mere limited range of

motion, both vertically and laterally, due to the mechanical effects of these slips, there is also to be considered the physiological factor, viz.: lessened functional activity and consequently faulty development of the muscular fibres acting on the extensor tendon of the ring-finger, namely, fibres of the common extensor, fourth dorsal interosseous and third lumbricalis. This fault of development is a more important matter than would appear at first glance, since it is mainly by the interossei and lumbricales that the first phalanges are flexed and the second and third extended, whence the name "fidicinales."

It follows, therefore, that from this insufficiency of muscular development there results a lack of power as well as of range in the quicker movements of the fingers required of the pianist and violinist.

Granting the correctness of these premises based on anatomical and physiological data, division of these diagonal slips may be expected to: (1) admit of immediate increase of range of mobility, both vertically and laterally, in the three inner fingers; and (2) promote, by reason of greater functional activity, muscular power, especially as affecting the ring-finger. That the first of these conditions results I am prepared to illustrate by a case recently operated upon; that the second will follow in time is extremely probable, but to what extent remains to be proven.

The patient, Mr. B., a gentleman of scientific and musical tastes, consulted me a few weeks ago, with a view to increasing, if possible, the usefulness of his ring-finger; and division of the diagonal slips was decided upon and agreed to. The steps of the operation were as follows: The field of operation was prepared by thorough cleansing (for which purpose I prefer soap and water, followed, after thorough drying, with common benzin, and this by solution bichloride mercury 1—1000.) The skin, with a large branch of the dorsal venous arch, was now slipped aside with the thumb, so as to leave clear of vessels the interspace between the third and fourth metacarpals in the

neighborhood of the proposed incision. Moderate flexion of the patient's hand enabled the operator's finger to define the position and direction of the outer (radial) connecting slip, which varies slightly in different subjects; its middle averaging perhaps three-quarters of an inch above the knuckle line. With an ordinary sharp pointed tenotomy knife a longitudinal incision, one-eighth inch in length, midway between the third and fourth metacarpals, and just to the distal side of the slip to be divided, is carried through the skin and superficial fascia. The exact location of the slip having now been determined by means of a probe—the deep fascia is incised at the lower edge of the slip and the point of the knife carried directly upward, *i. e.* toward the wrist, beneath the slip, which parts with the characteristic creaking sound and feel. If not sufficiently tense to divide easily, it may be made more resistant by directing the patient to flex the fingers a little more strongly. The dressing consisted of a pledget of absorbent cotton held in place by adhesive strapping.

A marked increase in range of independent extension was at once evident, and within a few days the patient remarked a greater precision of touch—there being no tendency to the lateral twisting which had before annoyed him—and which was at this time observable in the other hand. Union of the wound was complete when the dressing was removed on the third day, and the result of the operation was so satisfactory to the patient that he at once submitted the other hand to be operated on. The motion attained in both cases was so satisfactory that it was deemed unnecessary to divide the slip going to little finger tendon. In some extreme cases, however, this also would probably require division, in which event it would be well to bear in mind its lesser length, and not mistake for it the common extensor tendon, going to the fifth digit.

The height to which our patient's fingers can be extended independently (one at a time) the palmar surface of the hand being in close contact with a plane surface and measurements taken

from that surface to the free edge of the nail, is now as follows:

Right hand.	inches.	or	mm.
Index finger	$3\frac{11}{16}$	"	94
Middle "	$3\frac{1}{16}$	"	86
Ring "	$2\frac{7}{16}$	"	62
Little "	$2\frac{1}{16}$	"	52
Left hand.	inches.	or	mm.
Index finger	$3\frac{3}{16}$	"	79
Middle "	$3\frac{1}{16}$	"	76
Ring "	$2\frac{6}{16}$	"	60
Little "	$2\frac{9}{16}$	"	65

It is to be regretted that the importance of securing measurements before the operation was overlooked. Few persons, however, if any, will be found who can make independent extension of their ring-finger to half the extent here indicated.

The measurements illustrate: (1) greater elevation of right ring-finger than of little finger—a condition probably unknown to the normal hand; (2) on the left, the gain of ring-finger, while perceptible to the eye at the time of operation, does not quite reach the range of the little finger; (3) the measurements also illustrate the greater extensor range of all the fingers of the right as compared with the left hand, thus affording conclusive evidence of the effect on muscular power of increased functional activity.

It is intended to complete these observations by future measurements to determine how much, if any, increased range of movement may result from the freer motion and greater muscular activity now permitted.

By way of summary, we may conclude:

1. That division of one or both of the diagonal tendinous slips, connecting the extensor tendon of the ring-finger, with those of the middle and little fingers, is a simple and almost painless procedure, which is followed by marked improvement in range of motion vertically and laterally, of the three inner fingers.

2. That this improved mobility is especially notable and important in the case of the ring-finger; and that the usefulness of this digit to the musician is greatly augmented at once.

3. Owing to increased functional activity permitted in the muscular fibres acting on this digit, progressive development in power may be expected to follow.

[FOR DISCUSSION SEE PAGE 13].

HERPES ZOSTER:

WITH A REPORT OF CASES.

A Paper read before the Cincinnati Medical Society, April 1, 1890,

BY

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In the consideration of herpes zoster, commonly known as shingles, it is with the view of throwing, if possible, some light on its etiology and pathology, as yet involved in considerable obscurity, that the present paper has been written. Not that any original investigations have been made by myself tending in any way to the elucidation of the points in question, but that those whose experience in the observation of this singular and interesting disease are greater than my own may be induced to communicate their views.

To the thoughtful observer, ignorant of the pathology of zona, an eruption occurring in the course of distribution of a nerve, which, in the words of De Haen, "never passes the linea alba in front nor the spine behind," would more or less necessarily lead to the conjecture that there might be a central nervous origin, probably spinal. The occurrence of an eruption of vesicles attended with, or followed by neuralgic pains had, been mentioned by Rayet, Recamier, Piorry, Notta, and by Lecadre, who in 1855 published an exhaustive essay on intercostal neuralgia; and, according to Kaposi, Pliny described it as a variety of erysipelas: "*Ignis sacri plura sunt genera, quorum quod medium hominem ambieus zoster appellatur.*" It was, however, not until 1861 that Bärensprung, arguing from the facts (1) that the eruption, except in rare instances, was unilateral, and (2) that it was not associated with motor disturbances, concluded that it was in all probability associated with

disease of the ganglia found on the posterior or sensory roots of the spinal nerves; furthermore, the fifth or trigeminus being, according to experience, the only one of the cerebral nerves in the course of distribution of which herpetic eruptions were manifested; and it being at the same time the only cerebral nerve possessing a ganglion analogous to the spinal ganglia, he was strengthened in his opinions. Subsequent investigations proved the correctness of his reasoning. Bärensprung, moreover, showed that the nerve fibres passing through the posterior nerve roots, and thence through the spinal ganglia, were ultimately distributed to the capillary vessels supplying the papillæ of the corium, and the inference was that any alteration in their structure would be followed by trophic disturbances of the skin, expressed in a herpetic eruption. The views of Bärensprung were further corroborated by post-mortem investigations made by Rayer, Danielssen, Weidner, Charcot, Cotard, E. Wagner, O. Wyss, Sattler and Kaposi, in all comprising some fifteen autopsies, in all of which changes were found in the spinal ganglia of more or less the same nature, *i.e.*, capillary engorgement, blood extravasations, interstitial thickening, and destruction of ganglionic cells through pressure from blood extravasations, etc. To these autopsies may be added a number of others, to which I shall hereafter have occasion to refer, in which further observations were made, including neuritis of the intercostal nerves, peri- or epineuritis nodosa, etc., involving questions in pathology which have not as yet been settled.

The occurrence of cases of bilateral zoster, points at least to a spinal origin of the disease in some cases and attacks resulting from the inhalation of carbonic oxide gas, from the internal use of arsenic; and, if we are to believe some authorities, after intense emotional excitement, anger, worry, etc., a cerebral origin must be recognized. On the other hand, peripheral causes must be admitted when we take into consideration the fact that sometimes the eruption corresponds only to the terminal distribution of a nerve, or

to the distribution of a branch of some nerve.

Notwithstanding the fact that as clinicians it concerns us really very little whether a peripheral neuritis or perineuritis, a change in the ganglionic cells of the posterior nerve roots, or a more central spinal or even cerebral cause is at work in the production of this disease, it will prove at least interesting to consider some of the theories advanced concerning the true pathological anatomical conditions associated with it. I say notwithstanding it concerns us but little as clinicians, for this reason: Granting that we have a change in the spinal ganglia as the *sine qua non* of a herpes zoster, does the knowledge of that fact throw any more light on the etiology of this disease, or give us an inkling as to the means of preventing it, any more than would the knowledge that the involvement of the supra-renal capsules was an essential to the existence of an Addison's disease clear up the question of its final cause?

To return to the pathological anatomical findings in cases of herpes zoster. It may be well to notice, however, that the disease involves, *per se*, so little danger to life that opportunities for post-mortem investigations in proportion to the number of cases is exceedingly small.

In Lesser's third case, reported in full in *Virchow's Archiv*, vol. 93, drittes heft, the finding is substantially as follows: Herpes zoster dorso-pectoralis; autopsy; dissection of the intercostal from the fourth to the seventh; the sixth and seventh intercostal nerves and their corresponding ganglia were found to be normal; the fifth nerve was found to be much flattened and showed degenerative changes, which were correspondingly marked in the fifth spinal ganglion; the fourth intercostal nerve showed slight changes, and no changes were evident macroscopically in either the fourth spinal ganglion, or in the fourth sympathetic; on microscopical examination, however, the fourth intercostal was shown to be slightly affected, and the fourth spinal ganglion showed changes analogous to those found in the fifth spinal ganglion.

Arguing from this, Lesser claims that the seat or origin of the zoster lies in the spinal ganglion, although on what grounds it is hard to see, inasmuch as the nerves are as likely to have been primarily affected as the ganglia. He, moreover, claims that were a peripheral neuritis the primary condition, there would necessarily ensue motor disturbances such as occur in the other peripheral neurites, as of lead poisoning, alcoholism, etc. On the other hand, he claims that degenerations originating in, and even confined to, the nerve fibre passing through the spinal ganglia, would be sufficient to account for the trophic disturbances in the area of their terminal filaments.

Drs. Curschmann and C. Eisenlohr, of Hamburg, in an article in the *Deutsch. Archiv f. klin. Med.*, Band 34, 1884, proceed to demolish the theory erected by Bärensprung *et id omne genus*, and defended so staunchly by Lesser. According to them, the presumption, based upon so many investigations, that the spinal ganglia and the gasserian ganglia are to be held solely responsible for the manifestations of herpes zoster, is one-sided and unwarrantable. Mentioning the fact that Lesser has substantially admitted the claims of Weigert and Neisser, that in zoster, as in cases of decubital sores after central nervous lesions, there may be superficial necroses dependent on central nervous disturbances, they still maintain that the rôle of the spinal ganglia in the causation of zoster is overestimated. According to them, even in cases where the spinal ganglia are altered in structure, there is no reason for the presumption that they are primarily affected, and are necessarily the point of departure of the inflammatory symptoms. In corroboration of their views, a case is cited which is reported by Pitres and Vailard in the *Archiv de Neurologie*. In this case there was an old eruption of zoster affecting the tract of the sixth intercostal nerve, and a recent one in the tract of the eleventh intercostal nerve. Dissection and subsequent histological investigations showed degenerative changes in the whole course of

the sixth nerve, as well as the fibres passing through the ganglia to the posterior roots. In the eleventh nerve there was degeneration throughout its whole course as far as the ganglion, but the ganglion and the posterior root were normal. These facts are significant as showing peripheral changes without involvement of the corresponding ganglion.

Both of the last named authors have remarked, with justice, that in the anatomical examinations of the nerves and their ganglia not sufficient attention has hitherto been paid to the relative degree of alterations in the nerves and their respective ganglia, and hence there can be no adequate reason for presuming that the ganglia are primarily affected. They think, moreover, that they are warranted in their views, as they believe themselves to be in possession of facts pointing strongly to the peripheral origin of zona.

One case reported by them is of especial interest and warrants a brief *résumé*,—a case of cervico-brachial zoster, in a man about seventy years of age, extending over the shoulder posteriorly and down the whole length of the arm in the course of the median, internal cutaneous, and musculo-cutaneous nerves, associated with nodular swellings or enlargements in the nerve trunks. Some of these nodules, with the attached nerve fibres, were extirpated. Examined histologically, there was no neuritis proper, but between the single nerve bundles were discovered numerous large round, coarsely granular cells—leucocytes—and within the neurilemma of individual especially small fibres, fine fat granules. The principal changes were found in the epineurium, and especially in the surrounding connective-tissue stroma, in which the capillaries were found choked with white corpuscles, and about them numerous extravasations of blood. After the operation of excision the neuralgic pains disappeared in the lower arm, to appear again after a few days with greater severity in the upper arm, only to disappear after several weeks. After a short time and in like manner the nodular swellings subsided. The pa-

tient ultimately succumbed with lung trouble, and the autopsy revealed the following: On examination of the sixth, seventh and eighth cervical and first dorsal ganglia, neither the ganglia nor the corresponding nerve roots showed any abnormality.

It may, however, in this connection be interesting to note that Hebra, in the *Arzt. Bericht. d. Krankenhaus zu Wien*, 1877, p. 260, reported a case of dorso-pectoral herpes, which died from other causes, in which a purulent perioritis of the seventh, eighth and ninth dorsal vertebral bodies was found.

After having thus considered, as far as time and the literature at my command have permitted, the pathological anatomical aspects of zoster, its clinical manifestations may be noticed.

In the first place, the vesicular eruption characteristic of this disease invariably follows the course of distribution of the cutaneous branches of one or more spinal nerves, with the one exception of the trigeminus, which, as has been already stated, is the only cerebral nerve having a ganglion analogous to spinal ganglia.

According to the location of the eruption in the course of distribution of this or that nerve trunk, it has received various names. Kaposi mentions the following principal varieties: Zoster facialis, cervico-collaris, cervico-subclavicularis, cervico-brachialis, occipito-collaris-brachialis, pectoralis dorso-abdominalis, lumbo-inguinalis, lumbo-femoralis, sacro-ischiatic, and sacro-genitalis. Regarding the last variety of herpes, it may be well to notice that it is not to be confounded with the herpetic eruption known as herpes preputialis, but is a distinctly marked variety of zoster following the course of the pudic nerve, and, according to Kaposi, who has seen a number of cases, is limited to one side of the median line or raphè of the penis and scrotum.

The form which affects the intercostal nerve is the most typical and the most striking, and is the one which has given the name to the disease—zoster, zona, Gürtel-ausschlag, Gürtel-rose, and even the popular English name, shingles, is thought to be a corruption

of the Latin, cingulum, meaning a girdle. Though there is common tradition to the effect that this form is fatal when double, it is not founded on fact, as there are a large number of cases on record which did not result fatally. The distribution of the vesicles in this form of the disease is well explained by the anatomy of the intercostal nerves as described by Valleix. Immediately after their emergence from the intervertebral foramina, they divide into anterior and posterior branches; the latter of which sends filaments through the muscles of the back to supply the skin in the neighborhood of the spine, the former, the true intercostal, after having sent off communicatory branches to the sympathetic, divides into an internal and external branch, the external branch piercing the muscles and supplying the skin at a point midway between the spine and the sternum, and the internal sending final filaments to the skin over the sternum. These three points, the spine, the axillary line, and the sternum, are the so-called painful points, points-douloureux, in the intercostal neuralgia of zoster.

Among the other varieties, the facial, and especially that affecting the first or supra-orbital branch of the fifth, occurs frequently. Sometimes the eruption is confined to the frontal branch of the supra-orbital as it passes through the supra-orbital foramen to be distributed over the forehead and temple. Kaposi is authority for the statement that this form is often hemorrhagic. In consequence of the participation in the disease of the infra-trochlear and ethmoidal branches of the nasal, there is often an extension of the eruption over the alæ-nasi, the bridge of the nose, and the Schneiderian membrane.

Should the lachrymal, the ciliary, and the long branch of the ciliary ganglion become affected, we have the picture of the severest forms of zoster ophthalmicus, perhaps the most painful, if not the most fatal variety of this affection. A panophthalmitis may result with phlebitis, phlebitis of the central sinuses, pyæmia, and death.

I shall not dwell any further on the different varieties of this disease, of

which literature furnishes so many interesting reports.

There is a very great difference in the degree of severity, in different individuals, of the neuralgia accompanying an attack of zoster. It may be stated as a rule, to which there are few, if any exceptions, that the severity of neuralgic pain and its duration is in direct ratio to the age and feebleness of the patient.

Anstie, in his work on Neuralgia, says: "In young persons zoster is not often attended with severe neuralgia, but a curious anæsthetic condition of the skin, in which numbness is mixed with formication, while a sensation of boiling water under the skin precedes the eruption by some hours, or a day or two. Painless herpes is commonest in youth." Lower down he says: "In adult and later life the symptoms usually commence with a more or less violent attack of neuralgic pain, which is succeeded, though not always displaced by, the herpetic eruption. The latter runs its course, and after its disappearance the neuralgia may return or not. In old people it almost always does return, and often with distressing severity and pertinacity. In some aged persons it has been known to fix itself permanently, and only cease with life." Again, he says: "I have known of one patient over seventy years of age, absolutely killed by the exhaustion produced by suffering of this kind."

I have quoted Anstie so extensively because my experience on the points mentioned tallies so closely with the above statements. As regards the liability to attacks as respects the age of the individual, I do not recollect having read very much, although I have read nearly all modern authorities on the subject.

Bateman, on Cutaneous Diseases, London, 1819, states: "The causes of the shingles are not always obvious. Young persons from the age of twelve to twenty-five are most frequently the subjects of the disease, although the aged are not altogether exempt from its attacks." Three of the five cases in my own experience were over sixty-five, one thirteen, and another thirty.

As to the factors in the suppositious causal relation to the disease, their name is legion. Older writers looked upon the herpetic eruption as a critical discharge. Conditions of heat, cold, and moisture as external causes; emotional conditions as of anger, excitement, mental depression, as internal causes have been adduced time and time again.

Among the ludicrous statements made, is one by Plenck ("De Morbis Cutaneus"), who affirms that he saw it occur twice after violent anger and a copious potation of beer.

Leudet (*Gaz. Hebd.* 27, September, 1878), gives a list of seventeen cases of pulmonary tuberculosis, in which he had observed zoster. He believes the neuralgia occurring in these cases, which is generally considered incidental, is almost invariably associated with the eruption characteristic of zona. Of the seventeen cases, ten were dorso-pectoral, two lumbo-abdominal, one cervico-brachial, two of the fore-arms, and two of the inferior extremities. They are attended with less pain than in healthy individuals. They are accompanied with sensory and motor disturbances, local modifications in temperature, and localized sweating.

It seems to me exceedingly doubtful whether there can be anything more than coincidence in these cases.

Dr. George Thomas Jackson, in the *New York Medical Record*, January 2, 1883, reports five cases which he believes to have resulted from worry. If worry plays so important a rôle in the causation of the disease, what is to be said of the frequency with which it occurs in youth and childhood?

Hutchinson (*London Medical Times and Gazette*, 1869) gives a completed report of sixteen cases which he considers were caused by the internal administration of arsenic. At the same time he states that he gave arsenic, in the form of arsenic, continually in all skin cases, and then gives an account of two cases, in which zoster occurred, who had not received any arsenic.

Zoster is known to have occurred in epidemics, which points strongly either to a miasmatic or infectious element in

the causation of the disease. From the history of the first three cases in my own practice, and a coincident one in the same locality in the practice of another physician, I feel that I am justified in suspecting a local element, either miasmatic or infectious, in their causation.

CASE I.

J. S., aged sixty-nine. Patient was seized suddenly with a severe pain in the back in going down stairs, which, as he expresses it, doubled him over to the left side, rendering him almost helpless. He was gotten to bed and a mustard draught placed over the affected side. I did not see the patient until the evening of the next day, when I found him complaining of great pain, thirst, and chilly, creeping sensations in the back and side. Temperature was 100.4° , pulse 90; facies anxious and expressive of suffering. In attempting to auscultate the left side he complained of so much pain that I inspected the side and discovered an eruption of vesicles, which I first thought was due to the mustard draught which they told me had been applied, but on closer inspection I found a typical zoster eruption following the course of the fifth, sixth and seventh intercostal nerves. The patient was confined to bed six weeks with the severe neuralgia and consequent exhaustion. I am inclined to think that the neuralgia was greatly intensified by the application of the mustard draught. This case occurred in November, 1885. At the present writing the patient is never free from neuralgic twinges, especially marked over the sternum.

CASE II.

Mrs. W., aged seventy-nine. Called to see patient February 19, and found her complaining bitterly of pain in the left shoulder and arm. On inspection I found a vesicular eruption extending over the scapula behind, forward to the axillary space, and thence in the direction of the musculo-spiral nerve, around the outer side of the arm to the elbow, and thence over the surface of the forearm to the hand. The groups of vesicles were large, the individual vesicles,

some descute and some confluent, forming large bullæ like those of pemphigus. Starch powder was sprinkled on the eruption, and fine linen soaked in sweet oil placed over the more painful and aggravated parts. The local pain lasted more or less severely until the patient's death, from pneumonia and exhaustion, on the 13th of March.

A peculiar feature in this case was a very dry typhoid tongue, coma-vigil, and Cheyne-Stokes respiration.

CASE III.

Mrs. H., aged sixty-five. Called to see patient in the spring of 1888, and found her suffering with extreme pain in the left side. This patient was occupying the same room that Case I. had occupied. Taught by a former experience, I inspected the side and found a zoster extending from the spine around and over the left mamma to the linea alba, in the course of the fifth and sixth intercostal nerves. The eruption was not obstinate and had disappeared within two weeks, but the neuralgia persisted for several months.

What makes these three cases especially interesting is the fact that Cases I. and III. occurred in the same house and the same room. They were not in any way related. Case II. occurred in the adjoining house, the houses having consecutive numbers, though separated by a space of some fifty feet.

There occurred at about the same time as Case II. another case in a young girl, aged about sixteen, within half a block of Case II., under the care of another physician, and separated from the residence of Case II. by a large tannery, which, whether the fact has any bearing on the case or not, is wont at times to fill the neighborhood with a most penetrating and unpleasant stench.

CASE IV.

Johnnie K., aged thirteen, attacked last December. Had been walking on stilts and suffered pain in the left axilla, to which the mother had not paid much attention, thinking he had bruised the arm with the stilts. On inspection I found the cause of pain was the pressure of the stilts on a group of vesicles in

the axilla, which were the continuation of a group on the back, and which extended as far as the middle of the sternum in front. Starch powder and absorbent cotton were applied, and the vesicles had dried up in ten days.

I will simply remark in this connection that the boy had a febricula of malarial origin a few weeks previous to the attack of zoster. The cellar of the house in which he lived was always damp, and sometimes very wet. The surroundings were otherwise, so far as I could judge, hygienic.

It seems hardly worth while to dwell on the subject of diagnosis of herpes zoster; hardly any one could fail to distinguish it from an eczema or herpes simplex, with which diseases it might possibly be confounded.

The prognosis depends altogether on the age of the patient and his resistance.

Recurrences in this disease have been known to occur, but they are among the rarities. Kaposi saw nine attacks in one individual, and a tenth and eleventh abortive attack. In the latest number of the *American Journal*, M. B. Hartzell reports a case which is rather unique in its way, as showing a recurrence at frequent intervals of three or four weeks, in different localities; first a femoral zoster, then a sacral, then a scrotal, then again a double femoral. This case reminds me of one in my own experience, which I hardly had the confidence to call a zoster, but which, however, is deserving of notice. A gentleman of my acquaintance had for a period of a year or more strange sensations of heat and tingling in the right gluteal region at intervals of two or three months, which sensations would be invariably followed by a group of vesicles, which, however, were not linear in character, but formed a single circular group, measuring perhaps a half to three quarters of an inch in diameter. The contents of the vesicles were first serous, afterwards purulent, and if unmolested would at last form a scab, which would come away, leaving an indurated spot which would finally disappear.

[FOR DISCUSSION SEE P. 13].

CONCLUSIONS BASED ON ONE HUNDRED AND FIFTY-THREE CASES OF INFLAMMATORY LUNG DISEASE:

LOS ANGELES AND VICINITY.

A Paper read before the Southern California Medical Society, Santa Barbara, June 5, 1890,

BY

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With the view of contributing somewhat to our knowledge of the climatic influence of southern California on pulmonary troubles, I have analyzed one hundred and fifty-three cases of inflammatory lung diseases coming under my observation in Los Angeles. I have not included in this summary cases of *la grippe*, which was mildly epidemic last winter; nor inflammatory disease secondary to lesions in other organs.

Of the 153 cases, sixty, or thirty-eight per cent., were acute; forty-two of them simple uncomplicated bronchitis; every case recovering. Fifteen of the sixty were acute pneumonia; all recovering in from ten days to six weeks, with one exception—a fatal case of double pneumonia following a relapse in measles. One other very severe case of double pneumonia recovered; also, one of traumatic origin—following a fall.

Three cases of acute pleurisy, apparently uncomplicated, ended in recovery.

Ninety-three cases, sixty-two per cent of all, were chronic—consumption and chronic pneumonia.

The differential diagnosis between fibroid and tuberculous phthisis theoretically is simple. But in practice the ear is often deceived; measurements are unreliable; the microscope many times shows results negative or misleading. And so frequently have I seen eminent diagnosticians disagree in these cases—perhaps an autopsy proving them all wrong—that I am constrained to be modest in making a positive diagnosis in many cases of chronic disease of the lung.

With this understanding, we may

consider forty-three of the ninety-three cases as chronic pneumonia; the remaining fifty being tuberculous consumption; of the latter twenty-nine had pulmonary hemorrhage.

Of the forty-three cases of chronic pneumonia, I have marked twenty-one as improved, and twenty-two as recovered. Now what is meant by recovery in these cases? Almost every one of these patients was under my observation more than six months; many of them two or three years. I was in a position to watch them and know their condition. And those patients are regarded as recovered whose cough has ceased for several months where the weakness and sweating and rapidity of pulse and respiration—particularly on even slight exertion—have all disappeared; where there is a gain in weight, muscular power, energy and vitality, continued for weeks or months; where the patient is able to actively engage in business day after day with old-time vigor; where physical examination of the chest shows no trace of the old inflammation, or, at most, only what has for months been quiescent or progressively improving.

Now, where this condition obtains for several months, in no case less than three, I regard the patient as recovered to all intents and purposes. He is safe, and, with ordinary care and intelligence, will not again suffer from the old lesion.

There were fifty cases of tuberculosis, of which twenty-nine had hemorrhages, apparently from the lungs. The outcome of eight of the fifty cases was either unknown or unchanged; twenty-two were improved, and fourteen died. Of those who died, all but one had, within three years or less, come to southern California for their health, which had been broken down in the eastern states or Europe (in one instance), by "overwork," "close confinement," or some other assumed beginning of their disease. At the time of their coming, twelve of the fourteen had had cough, hemorrhage, chronic sore throat, or some equally strong evidence of serious pulmonary disease. In

five instances there was a family history of consumption; and several of the fourteen had always had delicate constitutions. As to the remainder of the fifty consumptives, six in number, I regard them as recovered, defining recovery as was done in the case of chronic pneumonia.

Thus of all the chronic cases, ninety-three in number—of consumption and pneumonia—eight were unchanged, or their subsequent condition unknown; fourteen died; forty-three improved, and twenty-eight recovered.

From the foregoing figures, with the recorded histories which they represent, I draw the following conclusions:

1. Acute bronchitis and pneumonia are by no means so rare as is generally believed, though they are mild in character and trivial compared with the same diseases in less favored territories. The very large proportion of these cases occurs during the rainy weather, and especially during foggy weather. Foggy night air seems to be a prolific cause of "colds" and the severer manifestations of this class of disease.

2. Chronic lung diseases show a far larger percentage of recoveries and improved cases here than elsewhere in the United States, if figures and reports may be depended on.

3. Even when severe hemorrhages have occurred the cases are not hopeless: there were only fourteen deaths, though twenty-nine had hemorrhages; fifteen improved or recovered altogether. Every physician in southern California can name consumptives who came here to die, and are to-day apparently in good health. I can name a dozen leading, active business men who in former days came to California as a forlorn hope; to-day physical vigor indicates perfect health.

4. Aside from therapeutic measures, the great factors which move these consumptives toward health, are our unrivaled sunshine and the dry aseptic atmosphere. If these cases get no worse, they are doing as well as we can hope. Several successive foggy nights, in my experience with these cases, puts them decidedly on the down grade.

5. Too many invalids feel that if

they once cross the line into California they are saved: they have thrown away their medicines as they did their overcoats when they started for their Mecca. But they need them all here, along with our climate. And the fact cannot be too strongly urged by eastern physicians that medical cures must be continued even in this favored land or the best results can not be expected. Medicines alone may not cure these patients, the climate unaided, may not, but conjoined they often do wonders; and astonishing recoveries are no new thing here to physicians or even the laity.

6. As to therapeutic means, I know nothing new to offer. Medicines which seemed to do little good in the east, often show most gratifying results here with favorable surroundings. I believe fully in hygienic and sanitary influences. For years I have urged upon patients regular respiratory exercise in the sunshine, and I believe it has many times done very great good, and never any harm.

The climate of southern California ought always to be written in the plural, because we have in different localities every phase presented: of mountain valley, desert and ocean shore; of aromatic pine forests, of wholesome petroleum wells and mineral springs; of fragrant meadows and the never-dying sweetness of a thousand flowers.

Much of an invalid's progress depends upon the proper location for his special condition. This selection can only be made after large experience with various requirements; and every case must be decided by itself.

Climate, medicine, hygiene, are the three indispensable elements in the cure of these lung cases; and when judiciously and patiently utilized, will almost invariably produce the most gratifying, and often surprising results.

IN A TENDER SPOT.—Druggist—"I don't see why we should be expected to sell postage stamps. They're not in our line." Brown—"Of course they're not. When you run out of them you can't give anything else as a substitute."

—*Lippincott's Magazine.*

Society Reports.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of March 25, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

EDWARD S. STEVENS, M.D., Secretary.

Epithelioma.

DR. O. P. HOLT said that he had made within the past week a microscopical examination of especial interest to him. A scab was sent to him by a physician from the nose of a patient fifty-five years of age. The examination of these scabs are unsatisfactory, and he stated this to the physician. To his surprise he found a number of concentric globes arranged as in epithelioma. A point of interest is that this appearance is almost positively diagnostic.

Foreign Body in the Eye.

DR. C. R. HOLMES said he had seen a case of interest to-day. Two days ago a man came to the city in a coach. During the drive something flew into his eye. Everything was tried to relieve him, without avail. The eye was very much swollen when he appeared to the speaker. Cocaine was used, but nothing could be found. Upon scraping over the lid he located a tender point, and finally by continued scraping a very minute bit of transparent sand was found. The case would have been passed without discovering the foreign particle, had he not seen a case similar to it on a previous occasion.

Fifteen Cases of Gonorrhœa Cured Without Treatment.

DR. B. M. RICKETTS, in bringing this subject before the Society, hoped to have a general expression of the views of the members, because of the disastrous results that so often follow, especially after the marriage of persons who had believed themselves perfectly well.

As to the time it takes to cure: In the past seventeen months he had

treated fifteen cases by the plan under discussion. Their ages and occupations are given to show the influences to which they were subjected. Eleven were under twenty-nine years of age; four, from thirty to forty-two. All but one used beer or whisky, or both. All used tea or coffee, or both. Six were clerks; three, street car drivers; two, traveling salesmen; one, a conductor; one, a harness-maker; one, a lawyer; one, a laborer; and one, a merchant.

Of primaries there were nine syphilitics, two being over and seven under thirty. Of these in two there was no discharge at the end of nine weeks; in five, none at the end of twelve weeks, and in two none at the end of thirteen weeks. Two had ballanitis. All ran the usual course. Two indulged in venery at or about the ninth week, resulting in an increased flow of yellow and thicker pus.

Of secondaries there were six, three being syphilitic. Three were over, and three under thirty. In three there was no discharge at the end of six weeks; in two, at the end of seven; in two, at the end of eight; in two, the discharge was never characteristic of the second stage, but changed from white to clear and albuminous. Four began in the usual way and ran the usual course, but shorter. Relapses were caused by the use of stimulants, wine, tea, coffee, pepper, etc.—sexual excitement, fatigue, the erect posture, walking, physical exercise, overloaded bowels, and over-eating.

Now, as to the treatment, this has been very simple. The first thing is to gain the confidence of your patient. Unless this is done your orders will not be faithfully observed. To begin, thoroughly move the bowels, and have the patient go to bed and keep upon his back for a week or so, and as much as possible. Suspend the privates; and have him abstain from beer and other stimulants, and venery. Let the food be very plain. As to complications, there were none; neither cystitis, bubo, orchitis, stricture, nor posterior clap.

The disease is self-limited, so it seemed to the speaker. He believed that many cases of stricture were due to

strong injections. It is wrong and cruel to inject before the ninth week. In none of these cases was there any examination for the gonococcus. As to marriage, he would not advise a man to marry under two years. Not all cases are infectious even where we find the gonococcus. We may take the gonococcus and inoculate the lower animals and get a result, but inoculation with the discharge from a gleet is followed by no result. The speaker had said that he made use of no injections. Yet, he had one case which fell into other hands, and one injection cured him. He would admit that one of these injections (he preferred the nitrate of silver) will help after the tenth week. Before that it is a cause of stricture. If injections are used they should not be allowed to be made by the patient. A five grain solution of the nitrate of silver is strong enough. He had spoken of finding no strictures nor points of tenderness. He found one in which the calibre at the meatus was two-thirds. He cut it, but after a time it was its original size. A full-sized sound will do the same as astringents. It puts the mucous membrane on the stretch.

DR. O. P. HOLT said that the bacteriological studies of gonorrhœa have been quite interesting, and especially as in this we have been led to the modern methods of treatment. The study of the tubercle bacillus has not added much to our knowledge of the treatment of tuberculosis. It is in the deeper tissues that the gonococcus is brought forth, and in the second or third week it makes its way to the surface. It is the experience of most practitioners that injections do little or no good in the early months. The Vienna School advocates no treatment until the latter part of the second or third week. It has been a question as to whether injections should or should not be used, but it is the general belief that at this time they do good. The early use of injections has served to push back the germ and cause a posterior urethritis. The cases of chronic urethritis are of interest. There are a great many, undoubtedly, in which the gonococcus is not abundant, and it is necessary often

to make many examinations before finding it.

DR. J. C. OLIVER: This is an interesting subject, but the number of cases reported is inadequate for the formation of any conclusions. I have certainly seen as many cases occur without complications when injections were used early and late. I agree that the best treatment of the early stage of gonorrhœa is rest of the infected part, and general rest where practicable, but I also believe that these cases do best when they are treated by injections after the acute stage.

DR. E. RICKETTS asked if the presence of the gonococcus could always be demonstrated.

DR. HOLT replied that he had found it in all the specimens in which he had searched for it.

DR. E. RICKETTS spoke of a man who had contracted gonorrhœa a year or two ago. He was anxious to get well, because of his approaching marriage. Pelvic cellulitis in his wife followed the marriage. Both tubes were full, and had to be removed; the removal being followed by recovery. Here is a case in which the man was believed to be well. There was no discharge, yet he infected his wife. The speaker believed that more women die from gonorrhœa than from syphilis. It has hitherto been believed that a man thought to be cured could marry the most virtuous girl in the country.

DR. HOLT: The literature of the past few years has been replete with just such cases as the one cited by Dr. Ricketts, and the tubes have been found to contain gonococci.

DR. OLIVER spoke of the length of time a person may have gonorrhœa. He referred to Noeggerath's statement that a person who has once had it is never well afterwards. The remark is often heard that "a gonorrhœa is no more than a cold in the head," but consider the result to the wife of such a man.

DR. HOLT said that these cases are largely posterior urethritis, and were formerly not easily managed, because they were in a situation not easily to be reached. But with improved instruments, of late years the disease is more

amenable to treatment. By feeling with the sound one may find points of soreness, and this may be followed by treatment by means of instruments permitting deep urethral injections. If the instruments are clean and the solutions are clean, you are sure to have good results.

DR. B. M. RICKETTS said that he did not claim any originality for his plan of treatment, nor did he wish to establish a rule from fifteen cases. There has been much original work done of late in this line. He would like to hear of any fifteen cases under any other plan of treatment that do so well. He believed that it was dangerous to employ any solutions that go back to the bladder.

DR. F. W. LANGDON read a paper entitled:

"Tenotomy to Increase the Mobility and Power of the Musician's Ring-Finger" (see p. 1.)

DISCUSSION.

DR. BRAMBLE said that in the past year he had made this operation four times. Before he made his first operation he asked the advice of a musician and was advised not to do it, as serious results were liable to ensue. He made the first operation on the first applicant just as he would do any other subcutaneous tenotomy.

DR. HOLMES: After four to six months what increase in power was there?

DR. BRAMBLE: In some the power was increased, but not in all, because of the want of cultivation.

DR. LANGDON: The hands of most musicians are handicapped by this defect.

Meeting of April 1, 1890.

The President, C. R. HOLMES, M.D., in the Chair.

EDW. S. STEVENS, M.D., Secretary.

DR. C. E. CALDWELL read a paper entitled

Herpes Zoster (see page 3).

DISCUSSION.

DR. COMEGYS: *Mr. President*, the very learned and analytical paper read

by our colleague proves that up to this time we have no consensus of opinion in regard to the pathology and pathological anatomy of zoster.

Whatever may be the etiology which operates so characteristically, I venture to think that its manifestation is primarily through the nasal nerves, and secondarily involving the sensory nerves of animal life. The leading phenomena to the naked eye are a bright congestion of well defined areas, most usually found on the left side of the chest, surmounted by a vesicular eruption. There is, in the first stage, a marked sense of burning and itching; and in the second stage, late, the vesicles often assume an ulcerous character and penetrate sufficiently to affect the common sensory nerves, producing neuritis or pseudo-neuritis. Then the greatest suffering is felt; the affection of nerve ends is the cause of it. This severe pain is most realized by persons in advanced life.

My point, I repeat, is that the vaso-motor nerves are first touched, become paresed, and the congestion follows with this herpes. Next the peripheral sensory nerves are involved.

It is of great importance to treat the eruptive stage early, so as to save it from a chronic form with all its tediousness and suffering.

In my practice the sulpho-carbolate of zinc has acted promptly and effectually. I use two scruples to a drachm of vaseline.

DR. ZENNER said he was very much interested and instructed in the paper that had been read. As regards pathology, he supposed the question of its peripheral or central origin would always be a mooted one, as is the case with some forms of paralysis. Changes will take place in all the parts, for all the parts of the nervous system may be taken as a unit, and if one part is affected the others become so. Any one who has seen much of hemi-anæsthesia will remember how seldom we find division directly in the middle line. So this eruption, although generally on one side of the body only, spreads over beyond the middle line of the body.

DR. H. W. ROVER: While listening to the essayist of the evening, I recalled

to my mind three cases of herpes zoster which I had occasion to observe in my private practice within the last year. One of them, a lady seventy-one years of age, returned last fall from a five weeks' stay in Indianapolis, where she had visited a son of hers, and shortly after her return developed quotidian ague. I was called to attend her, and on the third day the tenderness in the left lumbo-abdominal region had become so intense that I took occasion to inspect. To my surprise I noticed a well-pronounced herpes zoster encircling the body exactly half way. She was put upon large doses of quinine, and soon after her malaria became tertian and gradually disappeared. The rest of the treatment in this case was supporting and anodyne; and locally, a cocaine ointment with vaseline as the basis seemed to give much relief.

The second case I wish to speak of was that of a young lady who had to discontinue her work as saleslady during the Christmas holidays. She said that she had been overworked, having been required to be on her feet from 7 a. m., to 10 p. m. A herpes femoralis was noticed several days after she began to complain of severe neuralgic pains in her right leg. In her case arsenic and iron were given internally, and a carbolyzed vaseline ointment used locally, all with apparently good effect.

The third case was that of a young lady who came to my office last evening with a marked herpes zoster, along the course of the right infra-orbital nerve. She gave the history of having had a marked tic doleraux for two days previous. I ordered starch to be dusted on locally, and gave muriate of ammonia in large doses. As to the result of this treatment, I have not, as yet, learned.

The question I would like to ask is, do malaria, fatigue and cold act as predisposing or exciting causes in this affection? Furthermore, let me call attention to the fact, as observed by Hebra, I think of a pre-eruptive, eruptive and post-eruptive stage in the disease under consideration. All of my three cases seem to demonstrate the truth of this assertion in that severe pains were present previous to the appearance of any

eruption; furthermore, that while the eruption was manifest, the intensity of the pains was less, and lastly, after disappearance of the eruption, the neuralgic pains seemed to return, but lasted only a few days.

DR. ZENNER: We have malarial neuralgia, why not this eruption as a result of malaria.

DR. CALDWELL was glad to hear of the experience of Dr. Comegys with sulpho-carbolate of zinc. Aconite has been advised, but in old age, when you want to use it, you do not dare to do so. The citrate of iron and quinine is a valuable preparation for such persons. The speaker wished to call attention again to the relation of his cases to each other, and to a miasmatic cause. An interesting study would have been a search with the microscope for possible germs.

BOUGIES WEIGHTED WITH MERCURY.

Dr. Leopold Casper (*Therapeutische Monatshefte*, May, 1890), uses elastic bougies filled with mercury, which he thinks have decided advantages over both metallic and ordinary gum bougies. The weight of the mercury causes them to slip into the bladder with great ease, and they possess all the safety of the unweighted elastic bougies.—*Med. News*.

In a circular on precautions against consumption, published by the State Board of Health of Pennsylvania, the following good advice is given:

"The duster, and especially that potent distributor of germs, the feather duster, should never be used in the room habitually occupied by a consumptive. The floor, wood work, and furniture should be wiped with a damp cloth. The patient's clothing should be kept by itself, and thoroughly boiled when washed. It need hardly be said that the room should be ventilated as thoroughly as is consistent with the maintenance of a proper temperature."

In the past fourteen months typhoid fever has cost Chicago, \$2,143,800.

Selections.

THE TREATMENT OF DROPSY.

In the treatment of dropsy four methods are possible by which the organisms may be relieved from the excess of water,—through the sweat-glands, the kidneys, the intestines, or by mechanical operation. In other words, by diaphoresis, diuresis, catharsis, or surgical operations. Of these different methods, the decision as to which is the most reliable has not yet been absolutely established, although most practitioners agree in the principle that cardiac dropsy is, in the first place, best treated with diuretics, while dropsy of nephritic origin is most amenable to the use of diaphoretics.

Professor Fürbringer recently delivered an address before the Society for Internal Medicine in Berlin, of which the following represents the most important points (*Wiener Medizinische Blätter* April 17, 1890): Fürbringer maintained that dropsy of renal origin calls especially for the production of diaphoresis at first, and even the employment with diaphoretics of laxatives. In the production of diaphoresis, both in renal and cardiac dropsies, warm-water baths or wrapping of the body with hot wet sheets, were found most useful, which might with advantage be combined with Russian steam-baths. This latter procedure Fürbringer, however, stated was to be employed with extreme caution, especially in high degrees of weakness of the heart, dyspnoea, and pulmonary complications. Even in other cases the baths are apt to be very severe, and may produce palpitation of the heart, dizziness, etc. In cases in which there is marked suppression of the urine, which, by the way, nearly always terminate fatally.

He has failed to produce the slightest relief by the production of diaphoresis. Diaphoresis may likewise be produced by internal remedies, among the best of which is pilocarpine, although its use is liable to result in the production of dangerous heart weakness and increase of bronchitis, and even lead to

the production of pneumonia or pulmonary œdema. Again, in many patients violent vomiting and collapse follow its employment, so that its constant employment as a diaphoretic should only be undertaken with the greatest caution and in cases which can be watched. As regards the second group of remedies,—the diuretics,—digitalis is regarded as by far the most reliable; in fact, it might almost be called a sovereign remedy in cardiac dropsy; also in renal dropsy complicated by some cardiac affection it may prove valuable. On the other hand, in acute and subacute glomerular nephritis, in which the retention of urine is attributable to a lesion of the kidneys themselves, digitalis will frequently fail. Even here Fürbringer notes that the vinegar of digitalis with the wine of pepsin will often be well borne, and will produce diuretic effects even when the tincture proves inefficacious. His experience with *Adonis vernalis*, sparteine, and convallarine have been extremely unsatisfactory, and he has now discarded their use as substances complicated by unfavorable after-effects. On the other hand, Fürbringer maintains that caffeine, or the new substance, diuretin (theobromine), and a combination of various vegetable alkalies are worthy of some confidence. As regards strophanthus and caffeine, he has found them to be the most reliable in cases of cardiac origin free from renal complication, and in certain cases of cardiac dropsy strophanthus and caffeine have succeeded even when digitalis has failed. Although such cases exist, they are to be regarded as rarities.

Calomel, according to Fürbringer, is, in some cases, an active diuretic, although it is apt to be unreliable, and, according to Fürbringer, should be the last refuge. It should invariably be avoided in cases of dropsy complicated by severe nephritis.

As regards surgical interference, capillary drainage seems to be preferable, although here also there is danger of gangrene and septic infection of the wound, resulting in erysipelas, abscess, etc.

Perhaps the best method, where

mechanical interference is required, is obtained in the use of long and deep scarification, although here also great caution must be observed against infection.—*Therapeutic Gazette*.

TUBERCULOSIS VERRUCOSA CUTIS.

Our ideas as to tuberculosis of the skin are rapidly enlarging. Up to within a few years ago we knew nothing of a local cutaneous tuberculosis. Then we heard occasional accounts of ulcerations taking place about the mucous orifices of tuberculous subjects and supposed to be of tubercular origin. With the discovery of the bacillus of Koch pathologists told us that lupus vulgaris was a localized tuberculosis of the skin, and that the so-called scrofuloderms belonged to the same category. Tuberculosis verrucosa cutis is the youngest member of the group. Verruca necrogenica is probably but one form of tuberculosis verrucosa cutis. The disease is oftenest met with on the hands, and especially in those who work about cattle or handle raw meat. Hostlers, herdsmen, cooks, and butchers are those who are oftenest affected. Verruca necrogenica is seen most frequently in dead-house attendants, medical students, and anatomists. The backs of the hands and fingers are most commonly affected, the palms more rarely, and the disease seldom occurs on the rest of the body. The most complete description of the disease was given in 1886 by Riehl and Paltauf in the *Vierteljahresschrift für Dermatologie und Syphilis*, and it is to them that we owe much that we know about the disease. A typical patch has a narrow erythematous border about it. Inside of this there is an area which is raised, and toward its inner part becomes more and more papillomatous or warty. The skin is crusted, and, if the patch is squeezed laterally, pus will be seen to ooze up between the papillæ in little drops. Rhagades run between the papillæ. The color of the patch is a dull red. Infiltration is well marked. In an old patch it will be seen that the central part has become flattened and

changed into a sieve-like scar. The disease spreads at the periphery, while it heals in the center. The shape of the patch may be circular, oval, or serpiginous, and it may attain to a size large enough to cover a good part of the back of the hand. The patch bears a strong resemblance to lupus verrucosus, but differs from it in not having any of the characteristic brownish tubercles of lupus, in showing no tendency to ulcerate or to return in the scar, and in occurring at a later period of life. That the disease is a localized tuberculosis of the skin is shown by finding the tubercle bacillus in the lesion, by cases of general tuberculosis occurring in the subjects of the disease, and by the recent successful attempts at inoculation made by Brugger, of Würzburg. The treatment of this disease is by destruction of the growth, either by cutting it out, by scraping it out, by the use of caustics, or by a combination of any two of these methods.

—*N. Y. Med. Journal.*

FRACTURE OF THE LARYNX AND TRACHEA.

A remarkable case of fracture of the larynx has recently been reported by Dr. Carlos M. Desvernine, Havana (*Revista de Ciencias Médicas*, March 20 and April 5). The patient was a man who came under Dr. Desvernine's observation for the first time at the end of 1887. In 1878, being then fifteen years of age, he was struck by the crossbar of a trapeze over the region of the larynx. The immediate symptoms were hemorrhage from the mouth, with intense pain in the throat, dysphonia and slight dyspnoea. The difficulty of breathing became gradually worse; there was some emphysema of the neck, and tracheotomy had to be performed twelve days after the accident. Except for a certain tendency to catch cold, he remained in good health for several years. When he came under the notice of Dr. Desvernine, he was suffering from well marked pulmonary phthisis. He had dispensed with the tracheotomy tube for three or four years, and breathed through a circular aperture hardly five millimètres

in diameter externally. The voice was hoarse but intelligible, deep in tone and monotonous in *timbre*. On laryngoscopic examination the cords were seen to be completely fused together, forming a uniform plane surface, smooth and red like the rest of the mucous membrane, and presenting a tiny orifice close to the anterior commissure. Posteriorly the arytenoid cartilages were fixed in the adducted position. During phonation the patient closed the tracheal aperture, and the ventricular bands came slowly together in the middle line, so as to form a false glottis, the edges of which were arched upwards, in the antero-posterior direction, as if by muscular contraction. The infraglottic region presented no abnormality beyond a diminution in size, owing to thickening of the walls. Dr. Desvernine proposed to divide, *per vias naturales*, the adhesions which bound the cords together; but the operation was declined, and the patient died of phthisis in 1888. On *post-mortem* examination the line of fracture was seen to have extended from above downward in the middle line, involving the whole of the thyroid and cricoid, and the four upper tracheal cartilages. The ventricular bands were found developed to double their ordinary thickness. This was due to hypertrophy of the muscular fibres in the bands and in the aryteno-epiglottic folds. The condition of the glottis was as above described, the crico-arytenoid articulations being firmly ankylosed, and the dilator, adductor, and tensor muscles much atrophied. Microscopic examination of the vocal cords showed that their amalgamation was the result of acute inflammation. The case is interesting as proving that in some cases the ventricular bands may to a certain extent take on the action of the true cords, and serve for the production of voice. The air came through the small aperture (measuring 2 millimètres in length and $1\frac{1}{4}$ in breadth) at the anterior commissure, and the ventricular bands were distinctly seen to vibrate during phonation: on the patient withdrawing his finger from the aperture in the trachea, movement and sound alike ceased. Dr. Desvernine is inclined to

believe that the phthisis was an indirect result of the accident from the insufficient aëration of the lungs and the proneness to catarrh induced by the condition of the larynx.

—*British Med. Journal.*

THE TREATMENT OF LOCAL AND OF GENERAL PERITONITIS.

Dr. W. E. B. Davis, of Birmingham, Alabama, considers that the following facts in reference to peritonitis are definitely settled:

1. Simple peritonitis, when caused by a sufficient quantity of chemical irritant, will produce death by the extent of the inflammation.

2. Simple inflammation may terminate in septic peritonitis, by producing a weakened condition of the walls of the intestines, which permit the passage of septic germs from the intestinal canal into the peritoneal cavity.

3. While pathological germs in small quantity may be absorbed by the healthy peritoneum, without producing a peritonitis, the same quantity combined with a chemical irritant may produce a violent inflammation—the irritant having prevented the absorption of the germs and caused the exudation of a nutrient fluid for their multiplication.

4. Large quantities of septic fluids and microbes always produce suppurative peritonitis; yet, a small quantity of either may be absorbed and destroyed, unless the peritoneum has been weakened by antecedent pathological changes.

5. A septic fluid may gravitate into dependent parts of the peritoneum, and become shut up, either by plastic inflammation, or by a coil of intestine, and thus be prevented from producing diffuse peritonitis, but after a time this may rupture and produce death from general peritonitis.

6. The germs of septic peritonitis will be found in the kidneys and other organs of the body, and in quantities proportionate to the extent and duration of the inflammation.

7. The condition of the peritoneum, and the nature and quantity of the product, will determine the rapidity of the

inflammation, which usually ends in from forty-eight hours to six days, but death may be produced from shock in a few hours. Tubercular inflammation is always slow in its progress.

The foregoing principles indicate the following rules of treatment:

(a) Promote absorption of the inflammatory products of simple peritonitis as rapidly as possible, and thus relieve the inflammation and prevent the possibility of septic peritonitis.

(b) In the early stages of peritonitis, whether simple or septic, where the cause cannot be determined, hasten the absorption of inflammatory products, etc., with purgatives.

(c) When medical treatment fails to give relief, septic fluids should be removed by operative procedure.

(d) In localized peritonitis, with circumscribed pus formation, the pus should be removed and the abscess cavity drained.

(e) In acute septic peritonitis, operative procedure must be adopted early, or there will be no chance of recovery offered by the operation, as the inflammation will become more extensive the longer it continues; and, too, there will be so great a quantity of septic germs absorbed into the system that death will result from toxæmia, even though the local inflammation should be remedied by a late operation.—*Virginia Med. Monthly*, May, 1890.

PRIMARY CEREBRAL SCLEROSIS IN CHILDREN.

Richardière (*Deut. Med. Ztg.*, 1889, No. 63), in a lengthy article, arrives at the following conclusions:

1. There are several forms of primary cerebral sclerosis in children.

2. Of these there are two which are especially prominent: (a) A sclerosis of a whole hemisphere or of an entire lobe; (b) a sclerosis which occurs in distributed tuberosities on the surface of the convolutions.

3. The first form extends over a large surface of the brain substance and produces the atrophic sclerosis.

4. The second form produces elevated nodules and increases the cerebral

substance forming the hypertrophic sclerosis.

5. The atrophic form is characterized anatomically by diminution of the volume and hardening of the convolutions; histologically, by the development of connective tissue, dilatation of the blood-vessels, and atrophy of the nerve elements.

6. The nodules of the hypertrophic form are made up of connective tissue.

7. The starting-point of these lesions seems to be the vessels. The atrophic lobular sclerosis seems particularly to be an arterial sclerosis.

8. Primary cerebral sclerosis occurs in children between the third and fifth year. Its nature is obscure, although sometimes it follows the infectious diseases.

9. The atrophic sclerosis manifests itself by convulsions, epileptic attacks, paralysis, and contractures, which are of long duration.

10. The symptoms of hypertrophic sclerosis are almost identical, but the change in the intelligence is less marked, and the paralytic phenomena more discriminated. The symptoms are not of such long duration.

11. The prognosis in reference to the intelligence and motility of the children is an unfavorable one.

12. The diagnosis is not difficult when we can exclude hemorrhage and brain diseases, which lead of themselves to atrophy.—*N. Y. Med. Journal*.

BAD EFFECTS OF THE NEW ANTIPYRETICS.

Excluding the effect of heroic doses and considering only those which are ordinarily regarded as medicinal, we are led to the following conclusions:

Antifebrin.—Individual susceptibility to this drug differs widely. Even the smallest doses are capable of giving rise to dangerous symptoms. Especial caution is necessary in using it among children. Its continued administration begets a cumulative action. Collapse, cyanosis, vomiting, and profuse sweating not infrequently result.

Antipyrin.—Neither may any absolute dose be stated of this substance.

It also needs to be used with prudence among children. It also possesses a cumulative power. Exanthems, collapse, cyanosis, dyspnoea, vomiting, and excessive perspiration are often its effects. That death sometimes follows the exhibition of comparatively small quantities admonishes us to prudence.

Phenacetin.—Eruptions and copious sweats are not infrequently occasioned, the latter especially in persons predisposed to free perspiration. Cyanosis and collapse are of less common occurrence. It should be given cautiously to children.

If, now, we compare the activities and drawbacks of the three remedies, and especially the relative intensity of their effects, we must admit the relative superiority of phenacetin as an antineuralgic and analgesic. Without expecting it to take the place entirely of the other two bodies of which we have treated, phenacetin may well be preferred to them in many cases, especially in regard to the fact that it is less liable to create embarrassing and dangerous manifestations.

—GOLDMAN, *Med. Bulletin*.

IODINE AS A REMEDY FOR VOMITING.

M. Darthier (*L'Union Médicale*, December 10) bears testimony to the value of tincture of iodine administered internally for the relief of vomiting, a remedy recommended by the late Professor Lasègue in the vomiting of pregnancy. The author had observed its use in nineteen cases, eleven of which were tubercular subjects, and found that it is of more value in the vomiting of early phthisis than in that of the later stages of this disease. At the same time he gives instances of advanced cases with obstinate vomiting where the symptom was largely controlled by the drug. Among other cases he gives one of bronchial dilatation (subsequently fatal from acute tuberculosis) in a female, who for three weeks had regularly vomited after every meal. From the date of commencement of the use of the drug she ceased to vomit, and after a week's treatment, which was not productive of

any signs of iodism, was completely cured of the symptom. Apart from phthisical vomiting, Mr. Darthier finds it useful in alcoholic gastritis, in ulcer of the stomach, and in the vomiting of pregnancy and of chlorosis, instances of which are recorded. He says that the majority of the patients take the iodine with pleasure; it often produces an agreeable sense of warmth in the stomach, lasting from five to twenty minutes. The dose is ten drops, dissolved in one hundred and twenty-five grammes of water, taken in three portions immediately after meals. In a certain number of cases, symptoms of iodism are produced, chiefly coryza; but a good many patients do not experience any such inconvenience from it.

—*Lancet*, January 18, 1890.

ON CALCIUM SULPHIDE.

John Aulde, M.D. (*Ther. Gazette*), again insists on the value of calcium sulphide in various suppurating diseases and tendencies. He finds the administration of grain one-tenth every hour or so, useful in aborting boils and carbuncles, or in shortening their duration. He recommends the same treatment in cases of ovarian pain, saying that in many cases marked relief is experienced, and probable or beginning suppuration averted. It will also be found of value in bronchitis, acute or chronic, giving much satisfaction as a treatment, and the tablets being much less distasteful than many of the nauseous mixtures compounded.

SPECIAL NOTICE.

THE house of Parke, Davis & Co. are out this month with some seasonable suggestions as to eligible remedies for prevalent diseases of hot weather.

They have a very convenient list of intestinal sedatives, antiseptics, antispasmodics and anodynes for diarrhoeal and dysenteric affections, some new expectorants of note for coughs and colds, and a normal liquid ipecac always reliable as an emetic in cases of gastric disturbances due to accumulated fermented food, so frequent a cause of infantile diarrhoea.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

TERMS, \$3.50 PER ANNUM IN ADVANCE.

All letters and communications should be addressed to, and all checks, drafts and money orders made payable to

DR. J. C. CULBERTSON,
EDITOR AND PUBLISHER,
199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, July 5, 1890.

The Week.

THE HEAT AND ITS EFFECTS.

The heat of the last two weeks has been remarkable as occurring so early in the season, it being very rare, indeed, for fatal sunstrokes to occur in the first summer month. More than a score have already taken place in this city, while the news of the daily press informs us of a similar mortality in other cities and towns, while even those who live in the country are not exempt from the fatal effects of the sun.

Reports of sunstroke are usually of the heat effects on adults, while the direct and indirect effects on the infant population are many times as great. Too often their main nutrient, milk, has become tainted or poisoned from the absorption of germs and gases, making of it a dangerous article of food, and productive of summer enteritis, or other trouble that leads to a fatal termination.

At this time of the year it is a good plan to have all milk sterilized as soon as possible. This is a very simple process, and consists of putting the milk in a clean bottle, loosely corking

with a clean, new cork, and then placing the bottle in a vessel of water, and heating it slowly to the boiling point, this temperature being continued for forty-five minutes; then tightly cork the bottle and set it in a cool place until needed for use.

The nutrient properties of the milk are not destroyed, or even weakened, by this process, but for most persons it is more easily digested and is more nourishing.

Babies, children and adults, in hot weather, should live as much as possible in the shade, where there is the freest possible circulation of pure air. Long and frequent cool baths for infants are very conducive to their health and comfort. There is nothing like a long, cool bath, to relieve the discomfort of prickly or summer heat, following this with a little anointing of the creases of the skin with cold cream, vaseline, or fresh lard.

In case of looseness of the bowels, a few doses of the ordinary chalk mixture will usually furnish the desired relief. This should be given in tablespoonful doses, and after every stool. Where there is a weakening of vitality, with very great propriety and advantage, teaspoonful doses of maltine may be added to the sterilized milk; the diastatic power of maltine being capable of rendering soluble and digestible any starchy food that may be in the stomach. Starch foods, such as Irish potatoes and breads, have often been regarded as the immediate and irritating cause of infantile enteric disorders. In part this may be true, and yet these starch foods were the very ones the lacteals and absorbents were crying for, and needed to stay the waste that was going on with fatal rapidity.

Right here the inestimable value of maltine, with its diastatic solvent prop-

erties, is quickly made manifest in changing the character of the discharges, and causing an irritant factor to become one of nutrition; given in sterilized milk the benefit of both is obtained.

In the city it is a good thing, in every possible case, to send the mother and infant out to the parks and suburbs for one, two, or three hours after sundown. The car ride is easy, while a shawl or other garment spread on the grass will afford a genuine relief and change from the mother's lap or cradle.

A little instruction from the family physician to his patrons in these simples may be the means of saving many valuable lives; nor should the physician take it for granted that his clients are informed in such matters, for very intelligent people sometimes are very ignorant of the plainest hygienic rules. This is especially the case in regard to the care of very young children. We recently saw an illustration of this in a very intelligent appearing mother, who did not even know how to hold her infant in positions of comfort to the babe and ease to herself. Even in such matters as this the doctor may give wholesome advice.

THE ILLINOIS ARMY AND NAVY MEDICAL ASSOCIATION.

In response to the call we published in a recent issue, there was a gathering at Springfield, Ill., of more than a hundred medical men who had served in the army during the late war. We are pleased to be able to present our readers with the following report of the proceedings:

A meeting to organize a society of medical men now living in Illinois who served in the army or navy during the war was held at Springfield, June 26, 1890.

Thirty-five members were present, a very satisfactory attendance when the

extraordinary hot weather and suspension of traffic upon one of the most important railroads are taken into consideration. Among those present were: John S. Skeers, Chicago; A. T. Barnes, Bloomington; H. A. Kelso, Paxton; N. B. Cole, Bloomington; Enoch W. Moore, Decatur; Ira Brown, Milford; J. A. Hatch, Kentland (Ind.); Philip Duffenbacher, Havana; Henry W. Kendall, Quincy; Lyman Hall, Champaign; John C. Copestake, Wyoming; E. L. Phillips, Galesburg; R. M. Lackey, Oak Park; W. J. Chenoweth, Decatur; Z. P. Hanson, Chicago; S. J. Bumstead, Decatur; A. B. Agnew, Samoth. W. C. Day, Winchester; Ira N. Barnes, Decatur; Jas. Miner, Venedy; Edwin Gaylord, Magnolia; Z. D. French, Sumner; John H. Rauch, Chicago; I. S. Hughes, Springfield; Edmund Andrews, Chicago; J. L. Wilcox, Springfield; F. L. Matthews, Springfield; H. B. Buck, Springfield; Jos. Pogue, Edwardsville; A. T. Bartlett, Virden; D. L. Spaulding, Virden; Edward P. Bartlett, Springfield; T. P. Yerkes, Upper Alton; E. Guelick, Alton; Chas. Kerr, Springfield.

Dr. Rauch called the meeting to order at 10 o'clock, was made temporary chairman, and Dr. Starkweather temporary secretary. Prayer was offered by the Reverend Francis Springer.

The object of the formation of this association was stated, and letters read from over one hundred medical men, heartily approving of the same and promising to co-operate in making the movement a success.

A committee upon permanent organization was appointed, consisting of Dr. J. H. Rauch, Chicago; Dr. W. J. Chenoweth, Decatur; Dr. H. W. Kendall, Quincy; Dr. R. M. Lackey, Chicago; Dr. N. B. Cole, Bloomington.

AFTERNOON SESSION.

The report upon organization was received. The object of the association was defined to be the promotion of social and historical purposes, and the discussion of medical subjects connected with the late war.

The officers to consist of one President, five Vice-Presidents, Treasurer, Secretary, and one member from each

Congressional District, who shall constitute a historical committee. This committee, in connection with the officers, shall constitute the Executive Committee.

The membership fee was placed at two dollars per year, and power given to the Executive Committee to increase the amount if deemed necessary.

The meetings are to be held annually, at such time and place as may be determined by the Association or Executive Committee.

In regard to eligibility, membership was extended to (1) all reputable physicians now living in Illinois, whether in practice or not, who served in the army or navy during the late war, regardless of the State from which they came; (2) all who were surgeons or acting assistant surgeons who were with Illinois troops and now non-residents of the State.

This report, and the purposes of the organization, were discussed by Drs. Barnes, Chenoweth, Andrews, Kendall, Johnson, Agnew, Hughes, French, Buck, Hall, Kelso, Copestake, Skeer, Wilcox and others.

Drs. E. L. Phillips, John C. Copestake and H. A. Kelso were appointed a Committee on Nominations, and reported the following, who were duly elected officers to serve for one year:

President—Dr. H. A. Johnson, Chicago.

Vice-Presidents—Dr. A. T. Barnes, Bloomington; Dr. H. W. Kendall, Quincy; Dr. Ira Brown, Milford; Dr. A. B. Agnew, Samoth; Dr. E. Guelick, Alton.

Treasurer—Dr. W. J. Chenoweth, Decatur.

Secretary—Dr. J. H. Rauch, Chicago.

The day was very profitably spent socially and in addresses and interchange of reminiscences of experience of army life. The chief object of the Association is to gather up and preserve correctly the military history of members. It is proposed to collect and publish a biographical sketch of each medical officer, laying special stress

upon his military history and experience.

This association enters upon its existence with a membership of one hundred and twenty-seven.

ANTIPYRETICS AND ANALGESICS.

A professional belief, that any remedy that would allay pain and lower temperature is a valuable therapeutic agent, has led to a corresponding degree of activity on the part of chemists to furnish this much-desired agent. Antipyrin and antifebrin seemed to answer the purpose, but, unfortunately, the corresponding nervous depression produced by their administration has called a halt, and an inquiry as to whether their use is not followed by more harm to the patient than the beneficial results arising from the lowering of temperature and relief of pain. This has led to the more frequent use of phenacetine and quinine for this purpose, and now we have offered us another candidate for favor in a new combination of coal-tar derivatives of C_nH_{2n-6} , to which is given the name of **ANTI-KAMNIA**. Those who have used it speak highly of its merits.

These remedies are valuable additions to our therapeutic resources, but when administered their effects should be carefully watched, so that any unpleasant symptoms may be averted. For this reason all these preparations should be used only under the most explicit directions of physicians. The laity have no business with them, nor should the physician, in prescribing, have written on the label "take as directed;" but the time should be exactly specified. And the physician who dispenses his own remedies should be equally careful, trusting nothing to the memory of the nurse or attendant,

but take time to write out directions for the administering of the medicines left by him, as well as in regard to the diet, ventilation, etc. If the patient is sick enough to employ a doctor and take medicine, the case is of sufficient importance to justify a careful diagnosis, and a carefully prepared prescription with accompanying written directions for the guidance of those having the care of the patient.

GARBED COACHMEN.

The Society for the Prevention of Cruelty to Animals is one of the praiseworthy organizations of this city that has its agents continually going about seeking for opportunities to render relief to helpless and suffering animals that may be over-tasked, or for any reason are cruelly treated. Not infrequently they are called upon to rescue little children from brutal and inhuman parents.

During the heated term our attention has been very frequently directed to the liveried coachmen of the city and suburbs, perched on the box, tightly encased in great, beaver overcoats, regulation buckles, and silk hats.

While we are not inclined to expend any unnecessary sympathy on the creature that will submit to the imposed wearing of a garb indicative of a caste creation, and he, the underling, taking rank with the menial serfs of monarchies, all of which is widely a variance with independent American manhood and citizenship, nevertheless, when we see these willing or would-be serfs clad in the most unseasonable of garments, we cannot but feel that they are at least entitled to as much consideration as a lame dog, or galled street car mule. Whose masters should be called upon to answer for a violation of the statutes appertaining to cruelty to ani-

mals? A suitable penalty for this act of inhumanity of man to man, and metaphorical trailing of the Declaration of Independence in the dust of humility, should be the required memorizing of that immortal declaration, the violators of which to pay the costs and stand committed until the penalty is completely fulfilled.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending June 28, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping- Cough.		Diphtheria		Typhoid Fever.		Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Deaths.	Cases.	Deaths.	
1.....	8											
2.....					2		1					
3.....	1											
4.....												
5.....	1				1				1			
6.....												
7.....												
8.....												
9.....					1							
10.....							1		1			
11.....												
12.....							1					
13.....	3		1				2	2	1			
14.....							1	1				
15.....			1				1					
16.....					1		1					
17.....												
18.....					1							
19.....							1		1			
20.....							1					
21.....												
22.....	1							1				
23.....	2						1					
24.....								1				
25.....	2											
26.....	1											
27.....							1					
28.....							1					
29.....												
30.....	1				1				1			
Cin. Hosp.												
Good Sam. Hosp.												
Totals	20		2		2	5	14	5	5			
Last week .	20		7		8		26	5	1			

The following is the mortality report for the week ending June 27, 1890.

Croup.....	1
Cholera Morbus.....	3
Cholera Infantum.....	25
Cerebro-Spinal Meningitis.....	4
Diarrhoea.....	12
Dysentery.....	3
Diphtheria.....	5
Enterocolitis.....	5
Typhoid Fever.....	5
Whooping-Cough.....	5
Other Zymotic Diseases.....	7—75
Cancer.....	3
Consumption.....	10
Other Constitutional Diseases.....	6—19
Heat Prostration.....	7
Apoplexy.....	5
Bronchitis.....	9
Gastro-Euteritis.....	5
Heart Disease.....	7
Liver Disease.....	4
Meningitis.....	19
Peritonitis.....	5
Pneumonia.....	5
Other Local Diseases.....	37—103
Deaths from Developmental Diseases.....	26
Deaths from Violence.....	7
Deaths from Unknown Causes.....	4
Deaths from all causes.....	234
Annual rate per 1,000.....	37.44
Deaths for corresponding week of 1889....	136
Deaths for corresponding week of 1888....	163
Deaths under 1 year.....	89
Deaths under 5 years.....	127

J. W. PRENDERGAST, M.D.,

Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 38 cities and towns during the week ending June 27, 1890:

Diphtheria: Cincinnati, 14 cases, 5 deaths; Toledo, 8 cases, 2 deaths; Cleveland, 5 cases, 2 deaths; Dayton, 4 cases; Tiffin, 3 cases, 1 death; Columbus, 3 cases; Sandusky, 2 cases, 1 death; Springfield, 1 case, 1 death; Defiance and West Jefferson, 1 case each.

Scarlet Fever: Cleveland, 5 cases; Columbus, 3 cases; Cincinnati, 2 cases; Bellaire, 2 cases; Toledo, 2 cases; Dayton, 1 case; Defiance, 1 case; Springfield, 1 case.

Typhoid Fever: Cleveland, 8 cases, 6 deaths; Cincinnati, 5 deaths; Bellaire, 1 case, 1 death; Chester Hill, 1 case.

Whooping-Cough: Cincinnati, 2 cases, 5 deaths; 2 cases in Wabash Tp. (Darke Co.).

Measles: Cincinnati, 20 cases; Middletown, 8 cases; Springfield, 7 cases; Felicity, 7 cases; Conneaut, 4 cases; Cleveland, 3 cases, 1 death; Salem, 2 cases; Wellington, 2 cases; Columbus, 1 death; Wabash Tp., 1 case.

The following towns report no infectious dis-

cases present: Chillicothe, Mt. Vernon, New Vienna, Painesville, Genoa, New Carlisle, Dalton, Ashley, Urbana, Wooster, West Liberty, Celina, Belle Centre, New London, Fostoria, Arcanum, Carthage, Bainbridge, Kent.

C. O. PROBST, M.D., Secretary.

COCA IN HOARSENESS OF PROFESSIONAL SINGERS.

The *Journal of the American Medical Association* of May 3, 1890, gives a valuable article entitled "Hoarseness in Professional Singers and its Treatment," by Chas. E. Sajous, M.D., Lecturer on Laryngology and Rhinology. We extract the following (page 645):

Of great assistance in the treatment of these cases, is the use of coca wine when taken not only a half hour before the performance, but at the end of each act, so as to obtain the benefit of "toning" action when the next act is about to begin. That the "toning" action is not due to the wine proper, as some believe, is demonstrated by the fact that sherry, the most alcoholic of all wines, does not at all give the singer the smoothness and ease of execution obtained from coca wine; while liquors, such as whiskey or brandy, tend to increase hoarseness if present, or to cause it if it is not. An interesting paper on this subject was recently read before the Société de Médecine Pratique by Dr. Sandras, of Paris, who thought he could ascribe to the use of cocaine, or coca, internally or by atomization, cases of aphonia occurring in his practice. That cocaine used locally in any form may produce aphonia, there is no doubt; but that coca administered internally should, is disproved not only by clinical experience, but by our knowledge of the physiological properties of the drug. As demonstrated by Laffont, the action of coca upon the nervous system is one of stimulation, which exerts itself principally upon the constrictor fibres of the sympathetic. The "toning" action of the drug on the larynx is thus clearly explained by the intimate functional relation between the vagus and the formation of the voice, which depends in reality upon the action of the constrictor muscles. That paralysis may be due to over-stimulation by coca is negatived by the vigorous condition of the natives of Peru, Bolivia and Columbia, who are, on the contrary, noted for their staying powers, which they ascribe to their constant use of coca leaves. The fact, however, that many of the coca wines on the market are but solutions of cocaine in either sherry or port wine, renders it quite possible that anæsthesia of the posterior portion of the larynx might be caused by contact with the drug during the act of deglutition, and thereby interfere with functions of the vocal organ. I noticed this effect—a stiffness in the throat—while trying a number of brands to ascertain which would best serve my purpose. The preparation which I prescribe ("Vin Mariani"), made from the

leaves, does not produce this effect, owing to the infinitesimal quantity of cocaine that it contains—gr. 1-60th to the ounce—all anæsthetic action being furthermore antagonized by the tannic acid present not only in the leaves themselves, but in the exceptionally pure claret forming the excipient. A great advantage of "Vin Mariani" is that it exerts its tonic action without giving rise to constipation. It can for that reason be administered continuously, with much benefit at times, in cases in which muscular weakness causes tremulousness of the voice.

JOURNALISTIC ENTERPRISE.

The *Chicago Daily News* has shown a piece of enterprise which lifts it far above the level of the sensation purveyor. The news of an outbreak of cholera in Spain, with the appearance of yellow fever at the Chandeleur quarantine raised the question as to the liability of this country to be attacked by these diseases this summer, and the best means of prevention. The *News* secured telegraphic reports upon this subject from Drs. John H. Rauch, Geo. H. Rohé, Stephen Smith, Henry B. Baker, Jerome Cochrane, P. H. Bryce, J. C. Culbertson, Surgeon Gen. Hamilton and W. F. Waugh, and published them the next morning. The balance of opinion was that there are no serious apprehensions of a visit from either disease this season; the reliance being placed upon our efficient quarantine, and the sanitary precautions adopted in the large seaports. With such evidence of enterprise one cannot wonder that Chicago secured the Fair.

Times and Register.

A WONDERFUL remedy for the cure of stricture has been made by the Century Chemical Co., of St. Louis. See advg. page xvi.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

Medical News.

GLEANINGS FROM THE DIARY OF A PHYSICIAN IN CENTRAL AFRICA.

Reliable information is useful at the present moment as to the medical, anthropological, and social condition of the natives of Equatorial Africa. Travellers' stories are usually received *cum grano*, and the public mind becomes confused between the soul-curdling fictions of Louis Stevenson and Rider Haggard and the graphic descriptions of a Du Chaillu and Stanley, when all attempt to realize to us the same unknown regions and strange people inhabiting them. The records, therefore, of an explorer who has not sufficient imagination and humor to see the strange and comic side of what he quietly describes, and who is a close scientific observer, are especially valuable, and it is in the dry-as-dust diaries of Emin Pasha that much accurate information can be gleaned regarding the people of Central Africa whom he governed for so many years. The various races which inhabit the vast continent which lies between Lake Tanganika in the south, Khartoum and the deserts in the north, the vast forests of the west, and the sea, differ much from one another in their customs and language, though inter-breeding, owing to the dispersion of the women who are carried off as the spoils of war, has greatly prevented pure types being preserved.

Chief among the tribes, most powerful among the kings, are those of the fertile lands of Uganda and Unyoro, which lie between the Lakes Victoria and Albert.

Here the Arabs from Zanzibar have introduced the customs and articles of commerce. The cowrie shell is the substitute for coin, and as the natives are not naked savages, but go about elegantly draped in dressed hides and dyed bark cloth, imported woven clothes and finery are eagerly sought after. The slave and ivory trade has under Arab influence developed greatly, while the rich resources of the country

—the iron, coffee, and fruits—are still neglected.

The Wanyoro or inhabitants of Unyoro are a cleanly and almost fastidious people; they wash frequently and anoint the body, which is clean shaven with the exception of the head, with a sweet-smelling grey clay, and a kind of touch-wood smelling of musk. They all extract the four lower incisors. Their food consists of various vegetables made into a porridge, except when meat, which is greatly appreciated, can be obtained. Unripe bananas are roasted, and of the ripe fruit, *mwéngé*, a slightly intoxicating drink is made, which is universally drunk by young and old. Honey, sesame, sweet potatoes, and yams are liked, but pepper is avoided, as it is said to produce sterility; also the flesh of the hippopotamus, which it is asserted causes skin diseases. Earth eating is practiced, and the earth with which the termites arch over their passages is most affected. It is said to cure some diseases, but to produce discoloration of the skin and hair, emaciation, and finally death. Tobacco smoking is universal, and the greater the chief the larger the pipe bowl, in which glowing embers and tobacco are equally mixed, which causes a considerable production of carbonic oxide and increases the narcotic effect. Until their marriage, the young Wanyoro girls go about perfectly nude. Notions of morality are mixed and simple. It is not considered disgraceful for a girl to visit her lover at night, but if he is found in her house he is beaten. If she becomes pregnant before marriage she is sent to the house of her lover till she is delivered, and if she dies in childbirth he is doomed to die too, unless he ransoms himself. When labor commences, all the women of experience are summoned to assist her. She sits on her heels, her knees far apart, while one or two women support her back and arms, and the midwife sits in front of her ready to receive the child. Delivery is promoted by rubbing over the uterus. If the head presents it is considered a good sign; if the feet present, it announces misfortune to the family. Should an arm presentation occur, it is replaced and an attempt is

made to turn; this operation is performed by men, who receive special presents for the service. Should a woman die in childbirth, abdominal section is at once performed, and the child, whether living or dead, removed. Many women die of flooding, probably arising from attempts to remove the placenta. The umbilical cord is cut with a sharp splinter of reed, at a considerable distance from the navel, and is tied to the body of the child until it shrivels or falls off, which is hastened by frequent rubbings with fat. Ligature is quite unknown. The fifth day after birth the mother takes her child and sits with it on the threshold, and the name ceremonies take place. The child is suckled for eighteen months, during which time the mother lives apart from her husband. Many women are barren, and most of them have only two or three children. Unlimited polygamy is stated to be one of the causes which reduces the population. Unyoto women only bear children between the ages of twelve and twenty-five. A son inherits all his father's wives, who become his wives, with the exception of his own mother. Theft is punished by confiscation of property for the benefit of the person robbed; murder, by the slaying of the murderer by the nearest relatives; and adultery, by the wife being beaten and a fine paid by the offender. Prostitutes are a privileged class, living under the protection of the king, and they are the servants of his wives. Though prostitution exists in all negro countries, it is officially sanctioned only in Unyoro. Private property in land does not exist. The passion for human flesh is hereditary in some families, but cannibalism is practiced secretly. These wild tribes are not free from what are often thought to be the diseases of modern life. Epilepsy is common among them, and no cure is known for it. Insanity and also mental aberration are frequent; the latter is treated with herbal remedies, which affect an immediate cure by means of sweating and sleep. Polydactylism is rare. If the superfluous fingers are noticed at birth they are at once removed. Small-pox is much dreaded, and the pustules are

opened and washed with warm water, but the sufferers usually die. Vaccination is quite unknown, and syphilis is very prevalent, but widespread disorganization is rare, and there is a tendency to self-healing. The sores are dressed with caustic herbs, and are thereby made worse. Exostosis is common, and its syphilitic origin recognized. The same is true of partial loss of pigment, which is very common in Uganda. Syphilis is said to have been unknown formerly; it has followed in the track of the Nubians.

The Wanyoro are light colored, or rather red, the shades varying from black to yellow. The legend runs that Unyoro and Uganda were formerly occupied by the Wichwézi, black-skinned cultivators of the soil, and that a white-skinned man-eating race of herdsmen, called by themselves the "Wawitu," and by the people "Wahuma," came from the far north-east and conquered the Wichwézi, and from the mixed race the present light-colored people resulted. Where the emigrants have kept this race pure, as in Toru and Gambalagala they are still quite white. The Waganda of Uganda resemble the Wanyoro. The men are strong, enduring, and active, clever and skilful workmen, and they are fond of drinking, dancing, and music. The women are highly thought of; they have pretty, oval, and orthognathous faces, rather well-developed ears, and beautiful, large eyes, varying in color from light brown to yellowish grey.

The Monbuttu tribe, who live to the far west of Unyoro, are a cannibal people, or rather, they are animal feeders, and as there are no cattle in the country, flesh food is sought after, whether it be a fat guinea-pig, a dried-up ape, or a deceased relative. Bananas are, however, the staple food, and banana beer the universal drink, though drunkenness is rare. Monbutta women are celebrated for their fecundity, and it is stated that they bear more female children than male. Burial ceremonies are more honored in the breach than in the observance, as body-snatching is the rule. Women are held in respect, and are consulted by their husbands. In-

deed, it is stated that it is surprising how a Monbuttu woman of birth can, without the aid of dress, impress others with her dignity and modesty. Circumcision is practiced in all males when they have reached their fifth or sixth year. Bleeding is stopped by the application of vegetable ashes, and by dressing the wound with the leaves of an arvid. In five or six days the part is quite healed. Both men and women mutilate themselves by cutting a piece out of the concha, and by filing a small triangular space in the upper middle incisors. Among the ruling families the heads of infants are bandaged, so as to produce a lengthening of the horizontal axis. The Monbutta are, together with the Zandé, the artists of the equatorial tribes, and in their buildings, pottery, and wooden utensils they show great skill and taste in decoration. The magnificent vegetation, and the "gallery woods" of Monbuttu, make it the El Dorado of the naturalist.

The Zandé tribes to the north are inveterate cannibals. Among other tribes may be mentioned the Bari, Madi, Masai, Mittu, and the Shiluk. The Bari are distinguished from other negroes by artificial compression of their skulls just in front of the ears, which increases the height of the skull all along the sagittal suture.

Among the Madi and Shuli the custom prevails of erecting sheds in the villages, and here the girls go to sleep as soon as they have reached the age of puberty. The boys, who have attained maturity, have free access to them. Should a girl become pregnant her lover is bound to marry her, and pay her father the price of a bride. Though morality seems at so low an ebb, the Madi women enjoy a good position; they are never beaten, and are frequently called upon to give advice. Housework only is done by the women, and the fields are tilled by the men and boys.

The Nyam-Nyam, or Akka pigmies, with their poisoned arrows, vindictive disposition, and great agility of movement, are described incidentally, and Emin suggests that they are the remnants of a dwarf population which, ages ago, spread itself over Central

Africa. A specimen, who was captured with difficulty, measured forty-two inches in height, and his whole body was covered with thick stiff hair, like felt.

The negroes are a negative people, and are incapable of initiative. To govern them does not seem to be difficult, provided the means of access and egress to civilized countries is granted to their European rulers; but at present they are being decimated, ruined, and degraded by the slave trade.

Central Africa presents as attractive a field of exploration and colonization to Europeans, and is as stimulating to the imagination, as Central America was to the buccaneers and adventurers of the sixteenth century.

—*British Med. Journal.*

EYE-PIECE FOR THE LICK TELESCOPE.

The Lick telescope will in a few weeks be supplemented by a remarkable piece of mechanism. This is an eye-piece, which has just been completed at Rochester, N. Y. No other eye-piece of anything like equal dimensions has ever been made. The largest now in use is not over two inches in diameter, while the new piece measures over three inches. The eye-piece is constructed on a perfect theory. There are two lenses six inches apart. The larger one is called the field lens, and is six and one-half inches in diameter. The other lens is the eye-glass proper. It is composed of three lenses, a double concave, double convex, and meniscus, cemented together. The field lens is of brown glass. The meniscus, or correcting lens, is of flint glass. The light from the heavenly bodies seen through the Lick telescope and this new eye-piece will be 2,000 times as bright as that seen with the naked eye.

—*San Francisco Chronicle.*

HOW TO PREPARE SPONGES FOR SURGICAL USE.

Head Nurse Miriam Coogen, of the Gynecological Ward, Johns Hopkins Hospital, in the *Nightingale* for March

29, 1890, describes the process of preparing sea-sponges for use in her ward, as follows: 1. Beat well in muslin bag to remove sand. 2. Immerse in solution of muriatic acid, one ounce, to water one pint, for three hours to dissolve remainder of sand. 3. Keep for eight hours in hot running water. 4. Immerse in bichloride of mercury, 1 to 1,000, for ten hours. 5. Preserve in four per cent. carbolic solution. Occasionally I bleach them by soaking for half an hour in a solution of permanganate of potassium, 1 to 20, afterward washing in pure water, then in saturated solution of oxalic acid. This is merely for æsthetic effect, and, as our sponges are never used twice, I seldom go beyond cleansing and disinfecting.

Med. Press.

LARGE FEES.

In this age of rapid railway travel the medical consultant finds its possible to visit clients in the remotest parts of the continent. In fact a medical man nowadays thinks nothing of travelling a thousand miles away from his home, on a few hours' notice, to see a patient. Recently Dr. Park, of Chicago, at the request of a patient, went to San Francisco, and received the princely fee of \$25,000 for his services, which extended over a period of several weeks; and we learn that Dr. Samuel Sexton went last week to St. Paul, Minn., where he successfully performed an operation on the ear, for the cure of deafness, and for which a similarly large fee was given.

—*Med. Record.*

CALF-PEPSIN.

Dr. Frank Woodbury, who introduced the glycerite of calf-pepsin, has an article in the *Medical Bulletin* for June, 1890, advocating its adoption by the United States Pharmacopœia, which at the last revision admitted hog-pepsin, but acknowledged no other kind. In the case of infants, and in patients upon a milk diet, calf-pepsin is more appropriate, as it affords the physiological aid to digestion.

SUBSCRIPTIONS to the *Lancet-Clinic* may be commenced from any date.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

NOT RED WINE THAT REDDENS.—Doctor Gallard, in a visit to the hospital, stopped at the bedside of an alcoholic patient, and looking at the red nose of the sick man, remarked to the students: "That nose is the result of looking too much on the ruby." The patient turned and retorted: "What nonsense! I never drank any but white wine in all my life!"

* * *

FANTASTIC DICTIONARY. — Affection: The same word signifying disease and love.

Agony: The beginning and the end.

Ambulance: Glory in its interior aspect.

Anatomist: A gentleman who follows Death.

Autopsy: The true eloquence of the flesh.

Bubo: A disease inherited from others.

Brain: A kitchen where we see the furnace but never the cook.

Chiromancy: Science pretending to give reason to formula.

Convalescence: The honeymoon of health.

Diabetes: The undesirable manufacture of sugar.

Epidemic: The full chorus of Death.

Eye: The window of the soul.

Ear: A collector whose intelligence is generally filtered.

Gastralgia: The effect.

Gastronomy: The cause.

Gesture: The punctuation of words.

Indigestion: The barometer of the stomach.

Intelligence: A clock that runs fast early in life, but moves slowly later on.

Leg: A useful article for men and women.

Mummy: Body preserved.

Mercury: The chief aid to love's barometer.

Narcotics: Used in medical lectures and churches.

Pulse: The harpstring of life.

Skeleton: Man's circus canvass.

Thirst: The reason men drink.

Tænia: The first victim of a cellular regimen.

* * *

GERMAN MEDICAL DIPLOMAS.—In the numerous small free faculties of Germany, the medical students pass their examinations in the following manner:

"Do you smoke?" asks the examiner.

"Yes, sir," answers the student. "Will you have a cigar?" (*Hands the professor a pfennig cabbage leaf cigar*).

"Tell me," says the professor (*slowly lighting his weed*), "what are a physician's principal duties?"

"To collect his fees, increase his practice and exhibit his diploma from the time-honored "University of Guzzleburg," replies the student.

"Where shall you practice?" demands the professor, "and what are your duties towards me?"

"I shall go to America among the ignorant natives and make a golden harvest. And my duty towards you, Herr Professor, is to invite you to dinner for the rest of the semester," answers the student.

The professor smiles and says: "You are right. Let us go to a restaurant opposite and I will sign your diploma. The diplomas of the time-honored "University of Guzzleburg," are admired and respected in America. I have a cousin who is a doctor in Chicago. Let me tell you how the Indians chased him on Prairie Avenue. He was wounded twice by their arrows and captured, but was released by his pursuers when they found on his person the time-honored diploma of the "University of Guzzleburg." Ah! here's the restaurant, and I will make out your diploma from the time-honored "University of Guzzleburg."—[*Les Foyeusetes de la Médecine*.]

* * *

HABIT THE MEMORY OF THE BODY.—When Madam Donairien, (sister-in-

law of Louis XIII.), grew old, she became forgetful and suffered from extreme mental hebitude. She was, however, wise enough to get into the habit of going to the water closet whenever the head butler opened the dining hall door after breakfast, and the guests were ready to leave the table. The butler always carried a baton of office, which he flourished like a drum major. One day the madam had Mr. Gaston at table, when the butler entered and the lady suddenly started from the room. Mr. Gaston, seizing the butler's baton, carefully examined both ends of the stick and said: "This must contain rhubarb and senna, for I notice everytime Madam Donairien sees it she goes out to purge."—*Correspondence of Madam la Duchesse D'Orleans*.

* * *

DOCTOR DE LANCY'S MOTHER-IN-LAW.—Doctor D. L., the dermatologist of Beaugency, had been married but a few months when he became a victim to violent attacks of facial neuralgia, during which time the least noise would madden him. It was at this period that his mother-in-law, who was forty-seven years of age, commenced to take music lessons, and practiced six hours a day on the piano running the scales. D. died not long after, which led a facetious friend to remark that it was a worthy death for a dermatologist, inasmuch as his affection was a *scaly one*.

* * *

DID NOT SPEAK AS THEY PASSED BY.—Dr. R. was one day promenading with a friend, when a fine looking old lady was noticed approaching them with an angry expression on her face. Doctor R. immediately crossed the street as if to avoid her, when the friend inquired the cause of this all too apparent movement. "I treated her son-in-law," said the physician, sadly. "And had the misfortune to lose your patient?" queried the friend. "No!" exclaimed the doctor triumphantly, "on the contrary, I saved his life, hence his mother-in-law's amity."

* * *

BLISTER OR MUSTARD PLASTER.—A pupil of Professor B. came to consult his preceptor. "Sir," said he, "I

am prescribing for a woman, and I am in doubt whether to use a mustard plaster or a blister." Professor B. rolled his eyes wisely, as is his mode, and queried: "Who is the woman?" To which question the pupil murmured sadly: "It is my mother-in-law." Whereat the professor smiled grimly and exclaimed: "Use the mustard plaster first and put on the blister afterwards. Let her have warm treatment."

*
A TRUE BONESETTER.—One Fleurot, a celebrated bonesetter, whose descendants still ply the art at *Val d' Ajol*, was once called to see a King of France whose jaw was dislocated from yawning, says tradition. The court physician had failed to relieve the King, and had lost their Latin. Fleurot arrived in his great wooden shoes and was introduced in the midst of a crowd of leeches and surgeons, who laughed in their sleeves at the peasant-like appearance. The bone-setter quietly approached the King, who sat moaning with mouth wide agape, and suddenly drawing off with his large fist he struck his Majesty a stinging blow under the edge of the jaw. The spectators jumped on Fleurot to beat him for his insult to the King, when, to their astonishment, the Royal patient exclaimed: "Imbeciles! fools! Do you not see his blow has knocked my jaw in place?" And this was true.—*V. Fournel*.

*
REASON AND INSANITY.—One day a pupil of the great Esquirol said to the celebrated alienist: "Tell me a sure indication to distinguish between reason and insanity." The master replied he would give an infallible test, and next day invited the student to his house to dine with him and two other gentleman. One of these gentlemen was correct to perfection in dress and dignity; the other was exuberant, full of himself and his future. They dined together, and after dinner master and pupil were left alone. "Now!" exclaimed Esquirol, "now that they are gone, I can point out to you a perfect indication to distinguish between reason and insanity. I invited you to dine to-day with a

lunatic and a sage. Tell me which was which?"

The pupil laughed and replied: "That is not a difficult problem. The sage is that dignified and distinguished-looking man, while the lunatic was that rattle-brained egotist who did all the talking."

It was Esquirol's turn to laugh, as he said: "You have fallen into the ordinary error of the masses and deem dignified manners as an indication of genius, when it is generally the silent are stupid. Know that silent men who have usually no more brains than owls, whose silence is construed as wisdom. The man who was so dignified, and whom you mistook for a sage, assumes an attitude of reserve and dignity because he believes he is God, the Father. He is an insane inmate of Characton asylum. As to the young man whom you think a fool and rattlebrain, he is the greatest literary glory of France; that, sir, is Honore de Balzac, the novelist and philosopher."—*France Médicale*.

*
SUDDEN RECOVERIES IN CASES OF ASTHMA.—The Abbott de Voisenon passed his entire life in apparently dying of asthma and as suddenly recovering. One time, in the country, he had such a violent attack that his body servants ran from the room to seek the priest who lived some distance away. They were absent almost an hour, and during the interval the Abbott recovered from the attack, donned his hunting clothes and went rabbit shooting in the neighboring forest. On the road he met his servants with the priest who carried the *viaticum*. They fell on their knees thinking they had seen a ghost. He continued calmly on his way to shoot rabbits.—[*Grimm's Correspondence*.]

*
BISMUTH ON WATERMELON.—A noted French physician, at a leading watering place, forbade all his clients from eating watermelon, as the cholera was then epidemic and very fatal. One of his patients surprised the doctor, who was in the act of devouring an enormous slice of luscious melon. "Ah!" cried the client, "how do you dare to

eat what you have strictly forbidden us to take?" The doctor only smiled, as he remarked: "I eat melon, to be sure, but you see I powder it all over with bismuth."

* * *

KNOW HIS OWN WORTH.—A Parisian millionaire was attacked by a dangerous malady, and a celebrated surgeon was called in to operate. The man of wealth being cured he asked for his bill, adding: "Doctor, you have saved my life." The physician answered: "The amount of your indebtedness to me is 3,000 francs." "Ah! that is too much, my very dear doctor; 1,500 francs is all it is worth." Said the physician: "I accept the amount, as no one better knows your worth than yourself."

* * *

ANECDOTE OF SULLY.—Sully presented himself at the door of the King, who had a fever and was in bed. As he entered, a young woman of fine appearance, dressed in green, passed out from his Majesty's chamber. "Sire," said

Sully, approaching the Royal bedside: "I think your fever is leaving you, for it just now went down stairs dressed in a robe of green."—*Dreux de Radier.*

* * *

ANECDOTE OF TROUSSEAU.—Trousseau once met the Duchess de Calmebours at Paris and complimented her on her brilliant complexion and fine health. "Ah!" cried the Duchess, "you flatter me doctor, I am as fat as a whale." The doctor sighed and murmured softly: "Alas! I wish I were Jonah." The Duchess burst out laughing and retorted: "What! three days and three nights? Why doctor!"

* * *

DEATH OF LOUIS XV.—During the last illness of Louis XV., Lony was called in consultation with Bordeu, felt the Monarch's pulse, and murmured: "He is failing rapidly!" The King was shocked at these words, and repeated in a mournful voice: "He is failing—failing rapidly."—[*Chamfort.*]

[TO BE CONTINUED.]

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Addresses.

FACULTY ADDRESS.

Delivered at the Commencement Exercises of
the Woman's Medical College of Cin-
cinnati, held at the Scottish Rite
Cathedral, July 1, 1890,

BY

W. H. WENNING, A.M., M.S., M.D.,
CINCINNATI.

Ladies and Gentlemen:

You are assembled this evening to witness the reception into the medical fold of eight new aspirants to this honor. Your presence betokens the interest you take in this event. Its importance is enhanced by the fact that all of the candidates belong to the gentler sex. The comparative novelty of this occurrence has made it customary on occasions like the present, for some one to vindicate, as it were, for woman the right to enter with man into the study and exercise of this, the most noble and important of the liberal professions. The establishment and growth of medical colleges for women in most of the large cities of this country, the admission of female students to others which were previously restricted to males—and finally, the daily example of women competing successfully with men in other occupations, to which the latter considered themselves formerly as exclusively privileged, have induced me to regard this question as definitely settled. Hence I have chosen a broader subject for discussion this evening, namely:

THE RELATIONSHIP BETWEEN THE PUBLIC AND THE MEDICAL PROFESSION,
and more particularly, the obligations of patients towards their phy-

sicians. I will promise, however, that, although I use the male interpretation of the word physician, and refer to it by a personal pronoun of the masculine gender, it is only to avoid needless repetitions, and because common usage so expresses it. Whenever I speak of "him," therefore, it is to be understood in the common gender, meaning "her" as well; just as the word "man" in the concrete may mean either man or woman in the abstract.

From a physician's standpoint, the obligations in the exercise of his profession are of a three-fold nature: (1) the duties which he owes to his patients; (2) the obligations of patients to their physicians, and (3) the relations of physicians to each other.

In no other profession or pursuit of life are the relationships so close and intimate and the duties so exacting as in that of medicine; in no other profession are rules specifically laid down to govern individuals in the exercise of these duties, both to their patrons and in their intercourse among themselves. The relationship between the physician and the public is peculiar; he does not only become the healer of injuries and diseases, but also the confidential friend and adviser to his patients. Contrary to all other professions, his mission is not only to relieve suffering humanity in the times of tribulation and disease, but he is also expected to direct the public in warding off those diseases from the community, which may prove a public calamity; in other words, he is expected to take steps to prevent the onset of troubles from the very nature of which he gains his livelihood. It may, therefore, be truthfully said that the medical is also the most unselfish of all professions.

In the ordinary avocations of life

we find two grand classes: (1) those of a purely business or mercenary character; (2) those founded upon the exercise of charity. In the former we find only the cold relationship of business intercourse, charity playing but a secondary rôle; in the other charity is the main requisite, and the business portion is secondary. In the former individuality is a minor consideration; in the latter it is of the utmost importance. The physician belongs to the latter class; he enters, therefore, not alone into a business relationship with the public, but from the very nature of his profession he becomes, as already said, the confidential friend and adviser in all things that appertain to the health and life of the individual as well as the public.

Acknowledging this intimacy and mutual dependence of one upon the other it becomes necessary for both parties, physicians as well as the public, to have a just appreciation of the duties and obligations towards each other. In every form of civil contract certain conditions are necessary for the legal performance of it. For a certain consideration, pecuniary or otherwise, one party agrees to give to another a certain article or equivalent service in exchange. On the faithful rendition of one and the proper surrendering of the other will depend the validity of the contract. It therefore follows that certain laws are binding upon one as well as the other, and it is a prerequisite for the faithful performance of a contract that both parties to it be fully cognizant of their respective duties and obligations. The same holds true of the medical profession. It is necessary for a physician, when he starts out in practice, to know what his duties and obligations are, but it is no less essential for the public to know that it has also certain duties and obligations towards the physician, on the faithful observance of which will depend the obligations of the physician to continue or discontinue his services, will lay upon him responsibilities or relieve him of them altogether.

From what has been said it becomes evident therefore that both parties, doctor as well as patient, should have a

true appreciation and correct knowledge of the duties and obligations of each. Now, it is a singular fact, illustrated almost by daily experience, that whilst the public is almost intuitively cognizant of the duties of physicians towards their patients, it is frequently ignorant or unmindful of any obligations of the latter toward the former; and it is my intention, therefore, to point out some of these duties more specifically.

The physician is guided in the exercise of his profession, first by the laws of humanity, for the greater part unwritten, it may be, but nevertheless instinctively present in the heart of every true lady or gentleman. The sense of right and wrong is indelibly engraven upon the human mind, and forms the basis of all religions. It needs no further consideration. Secondly, the laws of the country officially recognize the medical profession. In all civilized countries this has been done. "The organization and direction of the medical profession exist as a part of the policy of all civilized communities. Governments endow physicians with certain class privileges, and exact of them certain responsibilities. Physicians look upon their peculiar rights as desirable, and consider themselves bound to return an equivalent of professional services to be measured by the limits of their abilities" (Hopkins, "Ethical Symposium").

To emphasize still further his obligations to his fellow-men the physician is furnished with a special code of ethics, the prototype of which is the celebrated "Oath of Hippocrates," the father of medicine, a terse but solemn injunction to do good and shun evil. It reads as follows: "I swear by Apollo," etc. * * *

This act of consecration, as we may call it, amply characterizes the father of medicine and gives evidence of the high demands he placed upon the character of his disciples. Since that time, now over two thousand years ago, other bodies of medical men have adopted rules in various ages and different countries in amplification of the principles so tersely yet clearly expressed in the above.

In our own country the Code of Ethics, framed and adopted by the American Medical Association in 1848, has hitherto been the guide of conduct for the members of the regular profession. But prior to this, as early as 1806, the medical profession of New York organized a society and adopted rules and regulations governing the conduct of its members. It also prescribed for them the following oath, which was to be taken by each candidate upon entering the society: "I, A.B., do solemnly declare that I will honestly, virtuously and chastely conduct myself in the practice of physic and surgery, with the privilege of exercising which profession I am now to be invested, and that I will with fidelity and honor do everything in my power for the benefit of the sick committed to my charge."

This society then adopted a code of ethics most exacting in its provisions, which determined the duties of the profession to the people, regulated the conduct among its individual members, etc. It governed the profession of the State of New York from 1807 to 1847. In the year 1848 the American Medical Association was founded, and in 1849 it adopted the Code of Ethics which was to bind the entire medical profession of the United States, and remains in force to-day. It is, however, chiefly a copy of a code of ethics prepared, at the close of the last century, by a learned and pious physician of England, Dr. Percival, of Manchester, for the direction of his own son, who was about to engage in the practice of medicine.

It would be tedious and perhaps unnecessary on this occasion to recite the National Code in its entirety, but I cannot refrain from making an extract of that portion of it which relates to

THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS,

Especially since this part of it rarely comes to the notice of the public at large. It forms the second Article, immediately following the first, which treats of the duties of physicians to their patients. It is divided into ten sections, and reads as follows; * * *

There is no excuse for a physician to be ignorant of his duties and obligations to the public as well as those of the public towards him. He is in a certain measure, therefore, responsible for the derelictions of his patients and the public at large should he fail to follow those principles which are laid down to him officially or unofficially. His own conduct will meet a reflection in that of his patrons. This is, however, only partly true, for often the evil lies in such quarters over which he has no control, or his best endeavors are met with opposition.

For the public the laws of humanity and the laws of the State are equally binding as for the physician. If the State exacts certain requirements of the medical profession, to which it must conform before receiving the official recognition to practice medicine, the physician has the right to demand that recognition from the public to enable him to engage successfully in the exercise of his profession. As the State recognizes only properly educated physicians, it becomes obligatory to the people to employ only such as are legally qualified to practice.

Much of the opprobrium that is unjustly heaped upon the medical fraternity arises from seeking medical advice from illegal and improper sources. To the public a doctor is a doctor, and the shortcomings of self-styled physicians and quacks are frequently laid at the door of the regular medical profession.

EVILS OF POPULAR MEDICATION.

A further great evil is that of popular medication. Too many regard medicine as a subject similar to that of domestic economy, in the discussion of which any one may take part without any special training and preliminary education. The absurdity of such a position is at once apparent. Nobody would consult a tailor to have a shoe mended, no woman would engage a seamstress when she desires a cook, no lady would hire a laundrywoman to teach her children the rudiments of music. Why should medicine, the most intricate and difficult of all of the arts and sciences, make an exception? Medical

knowledge is never intuitive, but must be acquired by close application to study. How is it possible that so complicated a machinery as the human body, the most wonderful of the structures of the earth, the most beautiful of the creatures of the Almighty, should be thoroughly understood in all its wonderful details, its beautiful mechanism, and more especially in its derangements, without previous hard and earnest study? And yet we witness daily that the learning and advice of a thoroughly skilled and experienced physician is set aside for the crude opinion of a layman or laywoman. How crude and unwarranted such an opinion is, may often be judged from the ridiculous arguments offered in explanation by its supporters when pressed to give proper reasons. It is based upon the absence of all knowledge of anatomy and physiology, or the smattering of it accidentally acquired is so obscure and indistinct as to evoke our pity and ridicule.

The meddlesome interference of such persons is the great bane of all physicians. They thrust their own imperfect knowledge, supported by nothing else except a vaunted, but false and unintelligent experience into the face of the most learned and experienced of our profession. To the credit of our patients it may, however, be said that such meddlesome interference comes seldom from them or their immediate family, but from officious friends. There seems to be an inherent propensity in human nature—and it is the more marked the less educated the individual—to play the doctor by giving advice—all matters pertaining to health and disease.

NECESSITY FOR RETAINING ONE PHYSICIAN.

From what has been said, it follows that only a properly educated physician is competent to give medical advice, and only such should, therefore, be selected as family physicians. A choice once made should not be thrown aside for trivial reasons. It is as absurd to change physicians as a man would change his coat or a woman her dress. It is not

alone discreditable to the physician, but detrimental to the patient. No physician can take the same interest in his patient when he knows that he may at any moment be exchanged for another; nor can he become thoroughly conversant with his patient's habits and idiosyncrasies to enable him to form a clear opinion as regards disease and accordingly institute proper measures of treatment.

SPECIALISTS.

Unfortunately, the rôle of family physician has fallen gently into desuetude. One cause of this change of custom has been the rise of specialism in medicine. The exigencies of modern medicine have given rise to the existence of certain classes of physicians who restrict themselves to the treatment of only special kinds of diseases. These are commonly called specialists, and to their origin may partly be ascribed the falling off of the custom of employing family physicians. I do not wish to be understood as saying ought against the justifiability of the existence of men specially trained to treat only certain diseases. It is impossible for any one individual to be equally well skilled in all of the various departments of the wide domain of medicine. The studies made in certain branches have caused an advance in these over others, and men and women have either been fitted by nature or trained themselves by practice—both are generally required—to excel as practitioners in any one field. Their advice and treatment may become necessary for the following two reasons: (1) their methods of precision may enable them to arrive more readily at a proper recognition of the case, technically called making a diagnosis, and (2) special forms of treatment, for which they alone having the necessary time, skill and instruments may render their aid necessary. It must not be forgotten, however, that every member of the human body is but part of the whole structure, and that derangement of function of a part may be simply the disturbance of the whole machinery. It is folly to suppose that any one part of the human body can be intelligently

treated by overlooking the general system. The nervous and vascular endowment of a member receives its supply from a central organ, and trouble in the latter may make its influence felt in the former. It is simply a telegraphic dispatch from headquarters to outlying stations. To illustrate: a certain physician may devote himself with special interest, and it may well be said, also, with success to the treatment of diseases of the stomach. Persistent vomiting is one of the symptoms of disease in this organ. A patient, if left to choose a specialist, would naturally drift to a physician whom he regarded as specially skilled in the treatment of such affections. Yet, the vomiting might not depend at all upon trouble in the stomach, but be the indication of a disorder of the brain, from which the stomach and other abdominal organs receive their nervous supply by means of a nerve called the great sympathetic. If any treatment by a specialist should be required, it ought to be by one who devotes himself to the treatment of nervous diseases. A still better example is the following: A patient has noticed that vision is becoming defective. Naturally, he consults an oculist, who, by means of his delicate instrument, the ophthalmoscope, detects some trouble at the base of the eye, but at once recognizes it as the result of some kidney derangement. He will naturally refer his patient so some other physician, probably a general practitioner, who will treat the patient for his original malady, the kidney affection.

This latter illustration will show the advantage that the study of special diseases has brought to general medicine. The use of delicate instruments of precision may sometimes reveal incipient troubles before the coarser outward manifestations of disease are apparent. I do not intend to convey the meaning that in either instance a patient was absolutely wrong in consulting a specialist, provided the latter is also skilled in general medicine, but I do emphasize the fact that only the general practitioner, commonly known as family physician, can intelligently determine if, and what specially

is necessary in the treatment of certain diseases. His advice ought always to be previously sought before taking a determining step in this regard. First of all many of the so-called specialists are quacks; they delight in the appellation of "specialist" because they thereby endeavor to blind the public that because they treat exclusively a certain class of diseases they are better skilled. In their case the premises are wrong. They lack the natural fundamental education of medicine. Even a skilled and trained specialist of the regular profession is apt to look at troubles from a specialist's standpoint; he is apt to forget the whole over the part. The late Prof. E. Williams, of this city, the pioneer and most noted oculist of the West, used to remark that to become a good specialist a student must not cultivate one department of medicine to the exclusion of others, but he must become a good general practitioner *plus* the specialist. Dr. Williams himself was a lucid example of this doctrine, for he had been a general practitioner many years before he became so great and successful a specialist. I do not wish to disparage any one practicing a specialty, or discourage any young graduate who may intend to devote herself to a special field of medicine, but I do desire to enter a plea for the general practitioner, *vulgo* family physician, who should always be consulted before settling the question of the necessity for special treatment. It is absurd to distribute the human body over as many doctors as it has members or functions to perform. It is rare that the general practitioner cannot cope with the ordinary ills of mankind, and if he finds he cannot, the conscientious general physician will call in suitable aid. The proper status of the specialist can and must only be determined by the medical profession, and not the public.

TRUE VALUE OF EXPERIENCE.

In choosing a physician the patient is guided by various considerations. Considerable latitude must often be allowed: sex, temperament, social position, nationality, religious persuasion,

etc., will all influence different individuals, but whatever minor consideration there may be, no one employs a physician for any other purpose than expecting to be relieved of disease. All other qualities are usually considered secondary provided the physician have skill and experience. It has already been said that only a properly educated physician can have acquired the requisite skill. A word as regards experience. However desirable it is that experience supplement and increase the learning previously acquired, its importance is too frequently overrated by the public. No matter how well educated and learned a young physician may be, his lack of experience is continually held out against him as a bar to further progress. The inexperience of youth is overrated. What is experience? It is the knowledge acquired by personal observation. But how little of the sum of medical lore of the present day is derived from the experience of one individual! How little fortified would a physician be without any reading and study to combat disease, no matter what his age and experience! It is the accumulated experience of many individuals extending over centuries from which we draw our knowledge. Many of the diseases are seen but once in the lifetime of a single individual, others not at all; it would follow, therefore, that, guided by individual experience alone, a physician would be entirely incompetent to grapple with an uncommon malady. The objection, therefore, urged against youth might often as truthfully be applied against his senior brother. It must not be forgotten that we all profit by the experience of our forefathers. To the student many years of experience are thereby readily available; theories that once were a guide in practice have been exploded; true facts, gradually accumulated and gleaned from the united labors of many earnest workers in the profession, have undergone a sifting process, and rendered thus readily assimilable to the present generation. Without by any means underrating the value of experience added to a previously acquired learn-

ing, it is, after all, the learning acquired in our youth that stamps our degree of ability. Who would think of erecting an elegant superstructure on an insecure foundation? Who would think of building a house by beginning at the roof? True experience can only be acquired where a good preliminary foundation has been laid, and the student of to-day has a far better foundation than his senior of fifty years ago. Given the choice of being attended either by a well-educated young physician with good medical training but little individual experience, or by an aged ignoramus of a half century's personal experience, I would say: Give me the young doctor!

WANT OF CONFIDENCE.

Want of confidence is another evil that frequently stares a physician in the face. It is only by placing absolute confidence and implicit faith in the integrity and skill of the medical attendant that benefit can accrue to the patient. Lack of confidence disarms a physician at once; his motives will be misinterpreted, an insignificant failure exaggerated, a success attributed to other causes. If the patient dies it was the doctor's fault, if he gets well it is due to the intervention of Providence. How often is not this or a similar expression made use of? Due credit must be given a physician for his knowledge and skill, and these must not be expected to be superhuman. From the very uncertainty of life and certainty of death, it stands to reason that a physician cannot always be successful. Many diseases lead to death by their very nature. As the body is so intimately connected with the mind—the psychical phenomena interwoven with the physical—true success can only be expected where both act in harmony and are unreservedly placed at the disposal of the physician. Hence I say: Have confidence in your physician; otherwise dismiss him. You are doing him no favor by retaining him, for his hands are fettered; to him what otherwise might prove a success will result in failure—not through any fault of his, but through yours.

UNNECESSARY CONSULTATIONS.

An evil born of lack of confidence is the unnecessary call for consultations. No individual, no matter how learned or experienced in other matters, is as able to judge of the necessity or propriety of a consultation as the attending physician. To him, therefore, should always be referred the question of summoning a second person in attendance. It requires an exact knowledge of the condition of the case to determine whether additional advice is really desirable. Sometimes apparently trivial symptoms may be the forerunner of grave trouble, in which the physician does not desire to adopt sole responsibility; at other times an apparently serious change may be simply the critical turning point, which the regular attendant has foreseen and thoroughly understands. Unnecessary consultations are always productive of mischief; to the patient they are an expense, and often cause unnecessary alarm; for the attending physician they are a testimonial of incompetence. As his responsibility is divided his interest will naturally relax; he is more or less hampered in the treatment of the case, for he feels that ultimate success, if at all, will only be half credited to him.

WHEN CONSULTATIONS ARE NECESSARY.

No reputable and conscientious physician will, however, decline additional counsel in a serious instance. Here, and only here, it may be said that "two heads are better than one." The responsibilities are sufficiently great to fall on the shoulders of two or more individuals, and their joint deliberations can only be of benefit to the patient. It follows, therefore, that the attending physician should always be informed of the desire of a consultation. Ordinary politeness ought to be sufficient to require this, and this fact would not be mentioned here were it not the frequent experience of physicians that consultants or specialists are requested to examine a case "just to find out," in the words of the patient or friends, "if the doctor understands the case."

DISMISSAL OF THE ATTENDING PHYSICIAN.

If a patient wishes to dismiss his physician he has a perfect right to do so, but common courtesy requires that the latter should first be informed of that fact and the reasons given for so doing. It is very seldom for a gross breach of duty that the physician is dismissed, but simply because he is not as successful in the treatment of a case as the patient or friends expect. This is no fault of the physician, for the nature of the malady may be such as to render cure tardy or even impossible, hence there is no excuse for that uncivility which is so often shown physicians by patients who become dissatisfied.

BUSINESS HOURS OF THE PHYSICIAN.

One section of the article previously quoted advises patients to send for their physician in the morning, if possible, so that he may so apportion his time as not to interfere with other engagements. They should also avoid calling on him during those hours devoted to meals and sleep. No rule is more commonly broken than this. From the fact that emergency cases may arise and demand the attention of the physician at any time, day or night, the liberty is often taken of unnecessarily subjecting him to the greatest personal inconvenience in most trivial cases. In every other pursuit of life certain hours during the day are devoted to business and others to rest and recreation. Why should the doctor's business be an exception? In most instances it is just as convenient to send for the doctor during his business hours as well as outside of them. Every physician has his hours for seeing his patients at their homes and others for receiving them at his office. These should be respected, for it is in the interest of patients as well as the physician. Any break in these rules will interfere with the rights of other individuals. I will illustrate it in the following hypothetical case. A patient has been sick for a certain length of time, expecting to get well without the aid of a doctor.

Suddenly it occurs to him or his friends that he needs a physician. Without any regard to the latter's convenience, he sends word to him to come "immediately," or "as soon as possible"—for all physicians' orders read that way. This revelation may come at night, or during office hours, or at any other time when it is very inconvenient for a physician to see a patient. If the patient was sick for hours, days, nay weeks, it would not inconvenience him to send for his physician at a time when the latter can conveniently visit him. It has been said that orders ought to be sent in the morning before the doctor sets out on his regular calls. This ought to be done whenever practicable. If this be delayed, a patient need not be surprised if he receives the visit of his physician much later than if it had been attended to in due time. Almost every physician with an extensive general practice leaves his office, say, at eight or nine o'clock in the morning. He does not return till about one o'clock in the afternoon. He has but little time for a meal, because, usually his office hours last from one to three o'clock in the afternoon. Now, if an order be left at his house or office at ten o'clock in the morning, he receives it only at one p.m., when he returns, but now his office practice demands his entire attention and prevents his immediate attendance to the call, therefore his visit to the last patient can only be made after three o'clock—an unavoidable delay of five hours. If the physician calls at once on his return home, it interferes with his office hours, delays or makes it impossible for him to see his office patients; hence inconveniences a number of other people who have a right to expect the services of a physician at a time specially set apart for that purpose, besides causing the physician a pecuniary loss. All this could have been avoided by sending a message to the doctor one or two hours earlier. Sometimes, however, even an early order when accompanied with a summons to the physician to call at once to a case that will well bear waiting, may not greatly inconvenience a physician, but deprive a much more serious case the

needful early visit from his medical attendant.

UNTIMELY CALLS FOR A PHYSICIAN.

A great abuse is unnecessary calls during the hours devoted to meals, rest and sleep. Many physicians are prematurely broken down on this account. It is not alone in the interest of the physician, but also the patient himself, that more consideration should be shown. A physician's mind is most receptive and clear when his body is not fatigued. *Mens sana in corpore sano* is applicable here as well as elsewhere. He can be of better service to his patient when he is otherwise untrammelled than when suddenly called to exercise his mental and physical faculties at a time when they should be at rest. He has the same right and need for rest as other people, in order to be able to attend to his duties properly, and any inconsideration shown in this regard is bound to redound ultimately to the disadvantage of patient as well as physician.

People often complain of the want of promptness of certain physicians in answering calls, even of necessity. The reason has just been stated. It is because they are so often put to great inconvenience for trivial causes that they are loth to answer any call at once, if inconvenient or otherwise impossible. Hence the attendance on accidents and emergency cases of other kinds is often delayed when these should receive immediate attention. If the public would make it a rule never to demand immediate attention to a case except in serious and unforeseen trouble, physicians would generally respond more promptly.

RIGHT OF PHYSICIAN TO CHOOSE HIS PATIENTS.

An impression frequently obtains that a physician is absolutely bound to answer every call to which he is summoned, simply as an act of charity. This is an error. No physician can be morally bound to attend a case unless he chooses to do so. He has the same right to select his patients as they have to choose a physician. It is true that it

would be a grave breach of charity if he should refuse to attend a case of accident or other instance of emergency, if his immediate presence is of great consequence and no one else could as readily be summoned. But it is the same obligation as would fall on any other individual who could be of assistance to a fellow-man in trouble and would decline such assistance. If a person, for instance, should be attacked with sudden hemorrhage from which he or she might die if unchecked, it is the bounden duty of the physician to answer the summons at once if properly informed. But with the impending danger averted, the physician cannot be bound to attend the case further if he should not choose to be retained. On the other hand, a physician should never relinquish a case unless he previously informs his patient or friends, stating the reason for so doing. It would be cowardly and unjust for him to remain away and break off his attendance without giving previous warning to his case, no matter what the reason may be. The same right that is given a patient to dismiss his physician during the conduct of a case resides in the physician to decline further treatment of his case. In other words, it is always well to remember the scriptural injunction: "*Do unto others as you would have them do unto you.*"

Ladies of the Graduating Class:

After several years of close and earnest study, you appear this evening to receive from our hands the rewards of merit, an official recognition of your competency to exercise and practice the science and art of healing. After a complete and thorough examination, you have wrung from us, erstwhile your teachers, the right to practice and to have bestowed upon you the proud title, Doctor of Medicine. But lately our pupils, you ascend on the same plane with us, to assume the arduous but noble task to relieve human suffering. You have heard from the lips of your professors descriptions of the many ills and maladies that the human body may fall victim to; these lessons

have excited your sympathy, and have undoubtedly ripened in your hearts the determination to contribute everything in your power to the relief of suffering humanity. Remember that, whatever else may fascinate you in the *study of the science* of medicine, the ultimate object is the *practice of the art* for the benefit of mankind. Never forget the "patient" over the "case." Woman has always been foremost in works of charity; in your adopted profession you will have an opportunity to exercise them as in none other; you will not alone pity and sympathize with those who suffer, but you are armed with the means of giving signal relief. Particularly with those of your own sex will you find the opportunities to alleviate pain and suffering. Many a good wife will clamorously appeal to you to assuage the pangs of pain which only a woman can feel and appreciate. Many a fond mother will hold out to you her dying babe, and beseech you to do all in your power to save to her her treasure. O, what a happiness will it be to you to be able to respond to her urgent appeals! There is no greater happiness than the consciousness of being able to relieve suffering. You will learn to understand human nature as you never did before; for it is only in adversity, in sickness, that the true disposition of man crops out. The mind asserts its supremacy over the body. You will find that fortitude in misery is a greater virtue than courage in prosperity. You are just entering on the threshold of the study of human nature. Hitherto you have studied the body in health and disease; to this you will now add the study of the human mind. Are you willing and competent to enter upon the field that has been laid out to you? Are you able to assume the responsibilities which will fall to your lot in the exercise of this, your chosen profession? Judging from your success in your studies, I say: Yes; it remains for you to examine yourselves whether you possess the other necessary qualifications which characterize the true physician.

If you have any other motive than the highest and purest, that of benevo-

lence and charity, to espouse the cause of medicine; if you have sought this distinction simply for the position it may give you in society, or with the prospective view of easily earning a compensation, I will say to you: "Check your steps, your vocation lies not here." You may pick up roses on your path, here and there, but remember that you will also prick your fingers with the thorns that inevitably accompany them. You will meet reward, but you will also be compelled to encounter censure. The cup of life does not always overflow with the milk of human kindness, and in placing it to your lips you will frequently find drops of gall of bitter disappointment mingled with it and yet you will be compelled to drain it to the bottom. This, however, should not discourage you. In the first part of my address I have intentionally dwelt upon some of the vicissitudes and obstacles you may encounter in order to better prepare you for the serious step you have taken. A physician never lays off his harness; he must always be prepared for work. So must you. It is incumbent upon you always to remain students, even in practice, for no one can remain in the front rank of our profession who does not continually struggle with arms in hand. Your arms are your text-books and periodical medical literature. Never cease to study; you will always find something new. It is true, you may frequently find it necessary to wade through many bushels of chaff to gain a few grains of wheat, but these few grains are a gain of which not alone you, but those under your charge, will also reap the advantage.

In the name of the faculty to the Third Graduating Class of the *first and only* Woman's Medical College of Cincinnati, I bid you farewell.

DR. WILLARD PARKER, not less eminent as a sanitarian than as a surgeon, was so impressed with the belief that the daily watering of the streets increased the foulness and insalubrity of the atmosphere, that he gave orders to arrest any one who should be seen sprinkling the street in front of his residence.

VALEDICTORY ADDRESS.

Delivered at the Commencement Exercises of the Woman's Medical College of Cincinnati, held at the Scottish Rite Cathedral, July 1, 1890,

BY

MISS MARY DUNN, M.D.,

OHIO.

Honorable Dean, Gentlemen of the Faculty, Classmates and Friends:

It gives me pleasure to be permitted to represent the Graduating Class of 1890 of the Cincinnati Women's Medical College this evening. My remarks shall be based in some degree upon a thought expressed by one of the great jurists of our land. When asked what kind of work a woman should be encouraged to do, he answered: "There is no reason why a woman should not do anything she chooses to do so long as she does not break the laws of the land or cease to be respectable."

The day has gone by when the woman who enters any legitimate pursuit looses caste. I believe that every avenue that is open to man for the culture of the mind, should be open to woman, and that young girls should be so educated that they can become efficient co-workers with their brothers in the literary and commercial walks of life.

"Skilled labor is always in demand," is true not only in the trades, but also in the professions. Every woman should ascertain for what sphere in life she is best fitted. She should endeavor to rise to that sphere, regardless not only of the prejudice of her own sex but of every unworthy opposition.

Let us look for a moment at the woman who has been educated on an equality with man. In her home she is fitted to be a companion, to converse intelligently, and if left alone to battle with the world, she is equally fitted to take up the business or profession for which she has been previously educated.

Again, behold the frivolous and uneducated woman, who has no resource of her own; who is unable to engage in any remunerative occupation; who has never been accustomed to interest

herself in the higher intellectual pursuits, and to whom thought is a labor and reading a weariness. She will assuredly find the years weigh heavily upon her. It is want of occupation, of object, that makes life a burden. Woman will ever find in woman's work the elixir of youth, for which the early explorers of Florida sought in vain.

If woman expects to enter the field with man, she must be prepared for hard, persevering work. She must not suppose because she is a woman, the task will be the easier. Man will toil side by side with her, struggling for the same reward; and, as he generally has the advantage in the morning, she must brace up every energy and bring into play every faculty to assure the same wages at nightfall.

Woman must not be satisfied with superficial knowledge or imperfect work. She must not grow weary before noontide if she is to perform her task well.

The condition of woman is vastly changed from what it was in the early ages. She is no longer in degradation, the slave and drudge of man. She is no longer bought and sold, as she was by custom in the early Grecian times. And yet, there were women of eloquence in the golden ages of Greece and Rome, such as Aspasia, Sappho, Cornelia, and Hortensia. Cicero said of Cornelia, who gave public lectures on philosophy: "Cornelia, had she not been a woman, would have deserved the first place among philosophers."

History shows that no nation can enslave its women without insuring its own barbarism. If you would know the political and moral condition of a people ask as to the position of its women. Every student of history may clearly perceive that the advancement of any nation is marked by the progress of its women. In the century past America had made more relative progress than any other nation, and woman more relative progress than man. There have been few great contests in which she has not stepped proudly to the front, an honor to her race. In all branches of science, literature, and art, she has filled a

prominent position, but not without conflict. It has ever been a battle against prejudice, and yet she has great capacities for intellectual, social, and moral advancement; and, although she does not always have in her hands the "sineus of war, the purse strings," she has the courage in her heart which will put many a man to disadvantage. Let us look back a quarter of a century and behold for a moment the courage and physical endurance of which woman is capable. The half can not be told of the work of woman during the war. It is a tale of self-sacrifice of heroism. There were heroic women north and south; not only those who hastened to the scenes of battle to care for the sick and dying, but there were many noble wives and mothers who worked and wept at home; who sacrificed and toiled for the dear old flag. Volumes might be written concerning the deeds of those noble women.

If our forefathers were to visit the earth again how astonished they would be to see not only the progress science has made in the last century, but to see the position woman has taken. This position has been gained by untiring effort and perseverance. The road has led through many difficulties and encountered obstacles in the way almost impassible.

Great is the number of American women who have become prominent in literature: whose names will live in history as long as time shall last. I need mention only a few of them. The people of Cincinnati will ever remember those two great women, Alice and Phœbe Cary. They were, indeed, lovely and pleasant in their lives, and in death they were not divided. Mrs. G. R. Alden, who has written the whole series of "Pansy books," and who does much editorial work, deserves high mention. Gail Hamilton has added valuable books to our American libraries. Augusta J. Evans is known as far as St. Elmo and Bulah are read. The name of Harriet Beecher Stowe will live as long as there are lovers of freedom or haters of slavery in our broad land. At the present time there are many women lecturing in public or occupying the

pulpit. Ever since Deborah judged Israel, there have been women capable of judging, legislating and ruling. We find in the last twenty-five years quite a change in the legal status of women in many of our states. Several women have been admitted to the bar. Legislatures are beginning to listen to woman's petitions, and her rights are gaining recognition.

The question of woman's equality with man has ever been a disputed one. The storm was never louder than when the bold suggestion was made that she should enter the realm of medicine. The arguments were that it was indecent, immoral, impracticable; but each of these has been met and answered. Woman's relation to medicine is clearly defined. With the human body so largely in her charge from birth to death, she has not been allowed to inquire into its marvelous mechanism. With the administering of remedies entrusted to her care, she has not been allowed to investigate their qualities or to know their physiological action. To be a student of these things, with scientific thoroughness, and then to practice independently with what she has acquired, has been regarded as an invasion of prerogatives claimed exclusively by man. But now we find women as practicing physicians counseling with the wisest of the opposite sex.

The first woman who obtained the degree of Doctor of Medicine in America was Elizabeth Blackwell, who graduated in 1849, in Geneva, N. Y. Her name has ever since been a synonym for medical work. Her sister, Dr. Emily Blackwell, is now at the head of a hospital and a medical college for women in New York. Rachel L. Bodley, who was once a resident of Cincinnati, was Dean of the Womens' Medical College of Pennsylvania for many years, and was a fine lecturer on chemistry. It is scarcely forty years since the first medical college opened its portals to woman. Now the number of women practicing medicine is every year on the increase, many of them earning annually incomes from \$2,000 to \$20,000. Dr. Sarah Hackett Stevenson was admitted to the Ameri-

can Medical Association in June, 1876. This was the first time that honor was bestowed upon a woman. An article written at the time says:

"The doctors have combined milennial with centennial glories. The largest assemblage of the medical profession ever held in America, honored itself by bursting the bars of ancient prejudice, and admitting a woman to its membership by a vote that proved that the long waged battle is won, and henceforth professional qualification and not sex is to be the test for standing in the medical world. Looking back over the history of the lady physician, we find that her entrance into the field of medicine was met by fierce opposition. But under manifold disadvantages it has come to be a fixed fact that 'woman is destined to succeed, and in this realm, as in those of literature and art, there shall be no distinction.' What is to prevent her from becoming as well qualified as man? She has certainly proved herself able to withstand all the trying ordeals incident to medical life, and capable, by every principle of justice, to stand side by side with man as his equal, and honestly entitled to all the privileges he enjoys."

What highest prize hath woman won, in science or in art?

What mightiest work by woman done, boasts city, field or mart?

She hath no Raphael! Painting saith,

No Newton! Learning cries.

Show us her steamships, her Macbeths!

Her thought-won victories.

Wait, boastful man! though worthy are thy deeds when thou art true,

Things worthier still and hollower far our sister yet will do.

For this the worth of woman shows on every peopled shore,

That still as man in wisdom grows he honors her the more.

Oh not for wealth or fame or power hath man's meek angel striven,

But silent as the growing flower to make of earth a heaven.

And in the garden of the sun Heaven's brightest roses shall bloom,

For woman's best is just begun, her advent yet to come.

Gentlemen of the Faculty:

It is with mingled emotion we address you in a few parting words, To-

night you have bestowed upon each of us the degree of Doctor of Medicine, with all its rights and privileges. You have patiently labored with us endeavoring to lead us into the knowledge necessary for entering the profession which has for its object the preservation of health, the prolongation of life and the cure of disease, and through these the enhancement of the happiness of mankind. We have not yet obtained more than a small part of the knowledge which each of our teachers possess, but from all we hope that we have obtained such a sum of learning and such an available kind of information, that we may undertake the serious duties of medical practitioners with credit to our teachers and advantage to the public. We trust that whatever part we are destined to fulfill in the affairs of life, we will ever labor under a deep sense of responsibility, and act in sincerity and truth. We hope that however distant our lot may be cast, that you will not forget the Class of 1890. We, as a class, shall ever hold you in grateful remembrance. We thank you for your kindness and earnest efforts in our behalf.

Dear Classmates:

The time has arrived when we separate to go our several ways. We have spent many pleasant and profitable hours together, hours never to be effaced from our memory. Strong bonds of friendship have united us, which even time cannot break. The work we have undertaken is a grand one. We shall not expend in vain our noblest impulses and our highest powers. In few other fields are there found such golden opportunities for usefulness. Then let our motto be: forward and upward. Let us only be satisfied with the noblest possible life. With courage let us move steadily onward, realizing that the best and truest life is that in which the duty lying near at hand, is promptly and patiently discharged. Let us always remember that the reputation of our Alma Mater is, in some degree, identified with our own, and whilst on the one hand we take care never to sully the honor she has this day conferred

upon us—on the other let us, by constant good conduct and by well directed endeavor, add fresh luster to the reputation she holds among the academic institutions of this great country. To-night our joyous thoughts are not without some clouds of sadness, for we feel that as we separate we shall never all meet again in time. Some of our number may find their homes in the densely populated east, and others may pass beyond the broad plains of the west. Though widely separated in our hearts, we will ever cherish fond memories of each other. May success attend each member of the class of 1890, in its separations and wanderings, and may the sunshine of happiness diffuse itself through all your lives.

Our class is standing to-night on an elevation separating the past from the future. In looking back over the past we can see the many trials and difficulties which beset the rough way over which we have come. We wave a farewell to the past, and a sad, yet hopeful greeting to each other as we slowly turn and look into the future. We realize we must not stand still; that there are rugged heights to climb. As we gaze upward we see that which formerly was one path, has now separated into many. Each one in her own way is moving on; oh! that each of us may tread in a constantly ascending way, step by step each day, reaching a higher plane of thought and action. Although we cannot see the end yet, let us all so travel that when time has run his course, eternity may find that our paths, once so widely separated, have again blended into one; that we may all be again united where separations incident to medical life are unknown, and that we may be capable by every principle of justice to stand side by side with man as his equal, and honestly entitled to all the privileges he enjoys.

QUEEN MARGARET COLLEGE, Glasgow, will open a fully-equipped medical school for women next October.

At the University of Aberdeen, the General Council proposes to throw open every class to women, without restriction.

Selections.

THE PATHOLOGY OF HEBRA'S PRURIGO.

The pathological anatomy of that extraordinary distressing affection of the skin known as the prurigo of Hebra, is a subject on which there are considerable differences of opinion, and which can as yet be regarded only as obscure. For this reason some importance must be attached to a paper by Dr. Kromayer, (*Archiv. f. Derm. u. Syph.*, Heft 1, 1890) in which he gives the results of his microscopical examination of skin excised from four patients, one of whom was a girl aged sixteen, another a man aged fifty-seven, the third was a boy of thirteen, and the fourth a boy aged six. All these were typical cases. When sections were examined from hardened tissue the epidermis was found to be thickened, particularly in the horny layer, with formation of small cysts in that layer or under it. Only twice had he found cysts in the rete mucosum. These cysts Dr. Kromayer shows good reason for believing to be due to the results of an exudation. The papules, although some of them were in connection with hair follicles, were not necessarily associated with these structures. The author regards prurigo as having its cause essentially in vasomotor changes in the blood vessels by which the epidermis is nourished, and therefore has some analogy to urticaria. He summarizes the results of his work in the following sentences:

1. Hardened pruriginous skin is not suited to elucidate the anatomical changes in the papules..
2. In hardened sections he found thickening of the epidermis, particularly of the horny layer, which in the majority of cases was associated with the formation of small cysts.
3. These changes are referable without doubt to exudation in the cutis.
4. Prurigo consists in a change in the blood vessels in the most superficial layers of the cutis, and in exudation depending on these changes.
5. The conditions under which this

exudation is found sometimes in the cutis alone, sometimes in the epidermis alone, or in both together, are yet obscure; and fresh investigations towards elucidating the point require to be made on, fresh and not hardened tissue.

—*Brit. Med. Jour.*

TREATMENT OF ACNE.

The medical treatment of acne is based almost exclusively on the employment of external remedies, with the regulation of the diet. Internal treatment has proved to be of but little avail. To this end excessive use of meats and spices should be forbidden, but the principal reliance must be placed upon the external use of topical applications, which may be either stimulating or destructive.

The first group comprises a series of remedies which exert a slight stimulating action on the skin, such as warm lotions repeated several times through the day, or spraying with watery vapor. Various soaps may also be employed, and friction with powdered soap will also give good results, if applied vigorously for five minutes when the acne occurs on the face, ten minutes when on the back. This process should be repeated twice daily until a certain amount of irritation is produced.

If these measures do not suffice to produce a cure, Dr. A. Fournier (*La France Médicale*, March 14, 1890), recommends the application over the part of an ointment, consisting of twenty parts by weight of lard or vaseline, two parts precipitated sulphur, three parts essence of rose, or fifteen parts by weight of sulphur may be dissolved in thirty parts of camphorated alcohol and 250 parts of water. This lotion should be used in the evening, and not rubbed off until the following morning.

The author states that this simple means will ordinarily suffice in light cases. In some rebellious cases friction with oil of cade may be employed, or Vigo's plasters will also sometimes give good results, and should be employed every night for five or six days successively. Black soap produces the

most intense irritation, and sometimes may even cause a true inflammation of the skin, so that the patient before its employment should be warned as to the symptoms which will attend its use. Here, also, the application should be made in the evening for four or five days in succession, and the soap only washed off on the following morning with warm water; emollients should then be applied for several days, and then the treatment recommenced. At the end of six weeks the result is generally a satisfactory cure, although, unfortunately, in many cases, the treatment cannot be persisted in. If all these means fail, more energetic measures must be resorted to, of which the most simple is scarifying or cauterization by means of the ignipuncture.

—*Therapeutic Gazette.*

TREATMENT OF HIP DISEASE.

Dr. B. E. M'Kenzie, of Toronto, sums up the practice advocated in a paper appearing in *The Canadian Practitioner*, as follows:

1. Constitutional treatment, such as is employed in other wasting diseases, is of prime importance in all cases.
2. In early stages of the disease, treatment by rest for the joint is indicated.
3. Rest can be better obtained by employing a portable fixation apparatus than by any means requiring confinement in bed.
4. Deformity, if not fixed by adhesions or contracted muscles, may be corrected by the use of portable splints.
5. Deformity, maintained by contracted muscles and adhesions about the joint, may frequently be corrected by myotomy or tenotomy, and the adhesions broken up by using a moderate degree of force.
6. When deformity cannot be so corrected, osteotomy should be performed.
7. If faithful trial of these means fail to give satisfactory results, excision or amputation should be performed.
8. Pus, or sequestra, when known to be present, should be removed by operation.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, July 12, 1890.

The Week.

PHYSICAL TRAINING.

“MENS SANA IN CORPORE SANO.”

The most commonly beneficent institution to be found in our land o' freedom is the common district public school. Nor is there any other so near and dear to the hearts of all the people. These schools are the very palladium of our republican government.

On the public school benches the children of the rich and poor, of the high and low, meet on terms of equality, and the training of their minds has been the sole occupation of the teachers.

The newness of our country and the consequent necessity of manual labor on the part of nearly every one, including that of the school children in their out-of-school hours, has heretofore obviated the necessity of giving much, if any, attention to the training of their growing bones, muscles and nerves.

This morning and evening chore work furnished the needed physical training of the boys and girls of the period, and gave them a life overflowing with exuberance of spirits and

vigor of body, that frequently demanded a supplement in the form of athletic games, that were always simple in conception and always arranged for competitive displays of physical strength and prowess. In this way the men and women of the past and present were fitted for battle in their life work.

Change is written all over everything, both animate and inanimate, and we are brought to note the story of the census returns, and how it tells of the wonderfully rapid aggregation of people in the cities and towns. It reads as a fairy tale, and we intuitively inquire as to where all the people in the great cities come from. Surely our race has not been so prolific as to indicate this increase by natural birth-rate. It must be by immigration from other lands and from the country.

The school boys and girls on the farms still have the advantage of physical culture in the chore work of their homes, but of their city cousins the contrast is marked, as they have little or no opportunity for chore work, athletic games, or aught else that affords a necessary training and culture of their growing bones, muscles and nerves. Hence, a necessity arises that provision be made for a physical culture and training of the body, that will make it a fit temple for the indwelling and sustentation of the most highly cultivated mind.

City parents no longer have chore work for their children, and as activity is the normal life of every young animal during its waking hours, there is an unceasing but inarticulate clamor for a chance at muscle and nerve stretching, that takes many a boy and girl out of school, and into byways that lead to deterioration of body and mind, to the utter demoralization of the child.

This clamor for a more active physical life, that will make the most brawn, bone and nerve, should be heard and with profound attention, heeded, and the thoughts of our educators, school trustees and physicians directed in this channel—a devising of ways for physical culture that will do the most good to the children.

A cursory examination and inquiry as to our public schools gives us information that they are absolutely devoid of any and all appliances for physical training. A brick-paved yard of a few hundred or thousand square yards of surface affords the only place for play or the stretching of nerves and muscles. The space is always too limited for any games that can effect any development or training of the body.

Parents have not the opportunity or ability to afford their children this needed physical training, having neither room, space nor appliances for such exercise. Public school authorities must give a personal, practical attention to those whose lives are so largely committed to their care. All the school buildings in this city are deficient in yard room, and, while this exists, it should be in a measure remedied by the construction of a gymnasium building adjacent to every school house. In this building there should be, in addition to the ordinary gymnastic arrangements for physical training and culture, the appliances of an industrial school, where the children will be taught the use of their hands and mechanics' tools, their purpose and care. There is not a future occupation that will not be more easily learned after a simple manual training in childhood.

In order to effectually carry out a scheme of this sort a few special teachers will be necessary, and these teachers will be just as useful as trainers of the

future citizen and his wife as those who impart mental instruction alone.

Such a course of instruction in physical culture will necessitate a rearrangement of common school hours, which could be done with very great advantage to the children. The school hours would be lengthened, but the hours for intellectual instruction, which are now confining and wearing to very many children, would be so alternated with the hours in the gymnasias or amusement halls and industrial departments as to afford and bring about in every-day, common school life periods of relaxation and variety of study joined together in a harmony that will be a delight and joy forever. *Mens sana in corpore sano.* A sound mind in a sound body should receive the same consideration as in the palmiest days of Sparta and Greece.

The education now given in our city schools is too purely intellectual; the system is not well balanced. One result is a top-heaviness—finely cultured minds supported and sustained by weak and hysterical muscles and nerves, which derive their nutrition from delicate, dyspeptic stomachs.

Boys and girls should of all things be thorough-bred and full-blooded animals, whose physical training should go hand in hand with their intellectual culture, and thus both carried forward through the whole of their school life. If either one is of more importance than the other to the average boy and girl, it is the physical training of the gymnasias and industrial departments.

Such composite public schools will be a boon of inestimable value to the children during their school days, and of even greater value to them when faced in life's battle for their daily bread and butter.

THE WOMAN'S MEDICAL COLLEGE.

COMMENCEMENT EXERCISES.

The fourth annual commencement exercises of the Woman's Medical College of Cincinnati were held at the Scottish Rite Cathedral, Broadway, near Fifth street, on Tuesday evening, July 1, 1890. Addresses were made by Rev. C. H. Weakly, Rev. W. A. Robinson, D.D., and the Dean, Prof. D. D. Bramble, M.D., the latter of whom spoke as follows:

Ladies and Gentlemen:

The commencement exercises this evening complete the fourth prosperous course of lectures of the Woman's Medical College of Cincinnati. At the close of the second year after its organization we held our first commencement, conferring the degree of Doctor of Medicine upon *one* candidate. At our second commencement, held one year ago, we graduated *six*. To-night we have the pleasure of announcing to you that the degree will be conferred upon *eight* aspirants, all of whom have labored faithfully and have fully complied with the requirements of the college.

In the face of the fact that this college was organized four years ago, we are told that the Woman's State Hospital Medical College has been organized, and the public has been informed over and over again that this new-born is the only medical college west of the Alleghanies for the education of women, except one located in the city of Chicago, "and that it is founded on the highest and most extensive plan, following out in great measure the course of the Philadelphia Woman's College; that it has been planned understandingly and built upon a sure foundation." I pause and ask, Why this deception? why this false representation?

Up to this time the college term has been held during the spring and summer months. Commencing this fall, and hereafter, the course of lectures will

begin September 1 and continue six months. Better and more thorough work can be done not only by the students, but also by the professors, during the fall and winter months. The clinical advantages are also superior. As the standard of requirement is fully as high for the female as for the male, it is but just that like facilities should be afforded them.

Beginning with the year 1891 all candidates for graduation must have attended three regular courses of lectures in this or some other reputable medical college before she will be permitted to come up for examination for the degree of Doctor of Medicine. The Woman's Medical College of Cincinnati will continue its custom of receiving and instructing gratuitously all ladies who contemplate becoming medical missionaries, either in home or foreign fields.

We, meeting as we do to-night in the enjoyment of health and happiness, are again reminded that we are mortal, and sooner or later our voices will be heard no more. Last Thursday morning at 6 o'clock our beloved Professor J. J. Kane breathed his last. His chair is vacant, his voice is hushed, but the memory of him and his teaching will continue to live and to do others good.

The Faculty address was delivered by Prof. W. H. Wenning, and the Valedictory on behalf of the class by Miss Mary Dunn. The rest of the programme was appropriately filled out with vocal and instrumental selections by pupils of Miss Clara Baur's Conservatory of Music. The stage was handsomely decorated; the graduates, eight in number, tastily dressed in black and ornamented with flowers, were placed to the right, whilst the Faculty and Trustees were correspondingly seated on the left of the stage. As a tribute to the memory of Prof. J. J. Kane, just lately deceased, the lecture-stand and one chair were draped in black and white.

The degree of Doctor of Medicine

was conferred on the following graduates: Cora E. Brown, Kentucky; Cornelia C. Conley, Texas; Mary Dunn, Ohio; Amelia J. Prior, Ohio; Ida Belle Rulison, Ohio; Katie E. Wadsworth, Kentucky.

The addresses of Dr. W. H. Wenning and Miss Mary Dunn will be found in another column.

EXAMINATION QUESTIONS OF THE THE WOMAN'S MEDICAL COLLEGE.

SESSION OF 1890.

Surgery.

(Prof. D. D. BRAMBLE.)

1. Define a wound. Name the various wounds. How would you treat an incised wound?
2. How would you treat a wound in the wall of the abdomen?
3. Name and define the different hemorrhages?
4. How would you arrest hemorrhage?
5. What are sutures? Name and define the various forms, and the material used.
6. What is a fracture? Name and define the different fractures.
7. Describe the symptoms of a fracture, and give the general treatment.
8. How would you treat a fracture of both bones of the forearm in the middle third?
9. Name the four dislocations of the hip joint, and describe W. W. Reed's method of reduction.
10. Name the varieties of inguinal hernia. Give the treatment of reducible, irreducible and strangulated hernia.

Theory and Practice.

(Prof. W. E. KIELY.)

1. Tonsillitis—varieties and treatment.
2. Physical signs of pleuritic effusion.
3. Morbid anatomy—diagnosis and treatment of acute pneumonitis.
4. Causes of abdominal ascites.

5. Acute nephritis—causes, diagnosis and treatment.

6. Differentiate between coma due to cerebral hemorrhage, alcoholism, and opium poisoning.

7. Differentiate between acute and tubercular meningitis.

8. Differentiate between mitral and aortic regurgitation.

9. Ulcer of the stomach—clinical history, and treatment.

10. Describe the lesion of variola.

Clinical Gynecology.

(Prof. GILES S. MITCHELL.)

1. Describe the uterus and give its vascular and nervous supply.

2. Give pathology and etiology of acute pelvic peritonitis.

3. Give differences and differential diagnosis between acute pelvic peritonitis and cellulitis.

4. What is the cause of pathological anteversion?

5. Define pyosalpinx—give symptoms and treatment.

6. Give pathology of acute ovaritis.

7. Give mode of origin of ovarian cysts and their differential diagnosis.

8. Give symptoms usually present in uterine fibroids and their surgical treatment.

9. Give varieties of carcinoma of the uterus, also symptoms and diagnosis.

10. Give sources of hemorrhage in pelvic hæmatocele.

Obstetrics.

(Prof. W. H. WENNING.)

1. Describe and give functions of the obstetric pelvis.

2. Which is the most important symptom of pregnancy and state the reason why?

3. What is Bandl's ring, stating its significance in labor?

4. Give the circulation of the fetus and state what structures are obliterated after birth. Why?

5. Give the mechanism of labor in the R. O. A. position, also in the fourth position of the vertex in comparison.

6. What is the conduct of labor where the face presents?

7. How would you conduct a shoulder case?

8. What is the proper treatment for placenta previa?

9. What is version—how is it performed—what is Braxton Hicks' method?

10. What are the indications for the use of the forceps?

Ophthalmology.

(Prof. W. R. AMICK.)

1. Name the three layers or tunics and the three media of the eyeball.

2. How, by what appearance and symptoms, would you recognize an iritis from a case of conjunctivitis, and what should be the treatment for each?

3. What is presbyopia and what causes it?

4. Define blepharitis, dacryo, cystitis, entropion and strabismus? What is the usual tract?

5. What is myopia? Give cause and treatment.

6. What do you understand by senile cataract? In what essential does it differ from a cataract occurring in early life? What is the difference in appearance of cataract viewed by oblique light and with the ophthalmoscope?

7. What is hypermetropia, and the treatment?

8. Define keratitis—what two objective symptoms almost invariably accompany the disease? What do you understand by posterior synechiæ, and how do they originate? What secondary disease is liable to develop from occlusion of the pupil?

9. Diagnosis and treatment of phlyctenular conjunctivitis.

10. What is glaucoma? Mention some of the characteristic symptoms by which it is recognized. What drug is the main reliance in an acute attack of glaucoma; and what operation generally proves curative?

Visceral Anatomy.

(Prof. M. L. AMICK.)

1. Name the coverings of the brain and give their functions.

2. Name the principal tissues of the brain.

3. Name the principal lobes of the brain.

4. Where is the so-called convolution of brain?

5. What region of the brain is motor and what region is sensory?

6. What region of the cord is motor and what region is sensory?

7. Where are the columns of Turck, Burdach, and Goll?

8. What is chorea?

9. What is potential and what is kinetic energy, and what converts potential into kinetic energy?

10. Give the definition of thrombosis, embolism and polio-myelitis.

Physiology.

(Prof. T. P. WHITE.)

1. Explain the clotting of blood.

2. What is the origin and ultimate end of the red corpuscles.

3. Give the effect of mitral regurgitation on the circulation, blood pressure and pulse.

4. Give the physiological reason for œdema anasarca in valvular disease, and why the effused liquid is not absorbed and carried back into the circulation.

5. What are the functions of the liver, and what rôle do they play in the system?

6. What are the functions of the pancreatic secretion?

7. What are, and from what source are the gases in the blood derived?

8. What conditions are necessary in order to have a dicrotic pulse?

9. What is bile? Give coloring matter and functions in digestive process.

10. Explain digestion of fats and how absorbed.

Materia Medica.

(Prof. G. A. FACKLER.)

1. Dose of apomorphinæ hydrochloras, (a) as an emetic, (b) as an expectorant. Dose of tincture opii for a child two years of age. Dose of pilocarpinæ hydrochloras. Dose of strychninæ sulphas. Dose of phosphorus (maximum single and maximum daily.)

2. Rules regulating administration of chloroform, and signs of danger during anæsthesia.

3. Describe action of iodine, iodoform and potassii iodidum in the organism.

4. Cause of the effect of atropin upon the pupil and heart, and symptoms of poisoning.

5. At what stage of cardiac disease is the administration of digitalis indicated, and describe its action in mitral, and in aortic regurgitation.

6. Action of sodii bicarbonas in pyrosis.

7. Explain briefly the beneficial action of iron, arsenic, and cod-liver oil.

8. Treatment of poisoning by opium, arsenic, phosphorus.

9. Explain beneficial action of salicylic acid in acute articular rheumatism.

10. To what chemical series do modern antipyretics belong? Describe therapeutic effects of antifebrin and phenacetin.

11. To what chemical series do modern hypnotics belong? Describe therapeutic effects of sulfonal.

12. Describe and explain action of calomel, and its therapeutic application on the intestinal tract.

Chemistry.

(Prof. L. W. SAUER.)

1. Name three alkaline carbonates, which with an acid form officinal preparations.

2. Name three such preparations.

3. What is black wash, yellow wash, blue, white and green vitriol?

4. What reaction takes place when tincture chloride of iron is mixed with tincture cinchonæ compound?

5. Explain the terms, neutral, acid and alkaline.

6. What are the contents of Vallet's mass, blue mass and blue ointment.

7. Mention three tests for the presence of iodides in a solution.

8. What is the officinal name of calomel, red precipitate and white precipitate?

9. What are the common names of magnesi sulphas and argenti nitras?

10. What care must be taken to preserve nitrate of silver in solution?

Laryngology.—Medical Jurisprudence.

(Prof. T. V. FITZPATRICK.)

1. What is evidence?

2. Upon what five classes of subject matter will you be called to testify?

3. What is rigor mortis?
4. What instruments will you, as a general practitioner, need?
5. What is meant by taking cold?
6. Give the different stages of rhinitis.
7. Give the treatment of syphilitic pharyngitis.
8. How would you differentiate between paresis of superior and inferior laryngeal nerves?
9. What constitute the (a) conducting and (b) the perceiving portions of the ear?
10. How would you treat a case of acute otitis media.

Anatomy.

(Prof. W. E. LEWIS.)

1. How many pairs of cranial nerves—how many spinal?
2. What does the pneumogastric supply?
3. Which is the sensitive nerve of the face?
4. Name the great cavities of the body.
5. Name the thoracic organs.
6. Name the divisions of the alimentary canal in order, beginning with the mouth.
7. Of how many coats is the alimentary canal composed? Name them.
8. What are the contents of the female pelvis?
9. What arteries supply the brain?
10. Describe the heart.

Diseases of Children.

(Prof. GLAESER.)

1. Describe the appearance of apthæ and thrush. Give the symptoms and treatment of each.
2. What is eclampsia and what classification is made according to the supposed causes? Give symptoms and treatment.
3. What is hydrocephalus and what is the difference between the shape of the head of a child having hydrocephalus and one having rickets?
4. Differential diagnosis of the eruption of scarlet fever, rubeola, variola and varicella.
5. Scarlet fever—danger periods and treatment.

6. Diphtheria—symptoms and treatment.
7. Give the methods of reducing the temperature in idiopathic fever.
8. Write a prescription for a child a year old with simple summer diarrhœa.
9. Symptoms and treatment of cholera infantum.
10. Give the early symptoms of tubercular meningitis and the treatment.

HEALTH DEPARTMENT OF
CINCINNATI.Statement of Contagious Diseases
for week ending July 4, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid fever.		Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Deaths.	Cases.	Deaths.	
1.....	3	..	..	..	..	..	..	..	..	..	..
2.....	..	..	..	..	3	..	..	..	1	..	1
3.....	1	..	..	..	..	..	..	..	..	..	..
4.....	..	..	..	..	..	..	..	..	..	..	..
5.....	..	..	..	..	..	..	..	..	..	..	..
6.....	1	..	..	..	..	..	..	..	..	..	..
7.....	..	..	..	..	..	..	..	..	..	..	..
8.....	..	..	..	..	..	..	..	..	..	..	..
9.....	..	..	..	..	..	..	..	..	..	..	..
10.....	..	..	..	..	..	..	..	..	..	..	..
11.....	..	..	..	..	..	..	..	..	1	..	..
12.....	..	..	..	..	..	..	..	..	..	..	..
13.....	2	..	..	..	..	..	2	1	..	..	..
14.....	..	..	..	..	..	..	..	..	..	..	..
15.....	3	..	..	..	..	..	..	..	..	..	..
16.....	1	..	..	..	..	..	..	..	..	..	..
17.....	..	..	..	..	..	..	1	..	..	..	..
18.....	..	..	..	..	..	..	..	..	..	..	..
19.....	..	..	..	..	..	3	1	..	..	..	..
20.....	..	..	..	..	1	2	1	..	..	..	..
21.....	..	..	..	..	..	..	..	..	..	..	..
22.....	2	..	..	..	..	..	..	..	1	..	..
23.....	..	..	..	..	..	..	..	..	..	..	..
24.....	..	..	1	1	..	..	1	..	1	..	..
25.....	..	..	..	..	..	..	..	..	..	..	..
26.....	4	..	..	..	..	..	1	..	..	..	..
27.....	..	..	..	..	..	..	..	..	..	..	..
28.....	..	..	..	..	..	..	..	..	..	..	..
29.....	..	..	..	..	..	..	..	..	..	..	..
30.....	1	..	..	..	2	..	..	..	1	1	..
Cin. Hosp.	..	..	..	..	..	..	..	..	..	..	..
Good Sam.	..	..	..	..	..	..	..	..	..	..	..
Hosp...	..	..	..	..	..	..	..	..	..	..	..
Totals	18	..	1	1	6	10	3	5	1	1	1	
Last week.	20	..	2	..	2	5	14	5	5	..	1	

The following is the mortality report for the week ending July 4, 1890.

Croup.....	1
Cholera Morbus.....	1
Cholera Infantum.....	23
Diarrhoea.....	6
Diphtheria.....	3
Entero-Colitis.....	7
Typhoid Fever.....	5
Other Zymotic Diseases.....	8—54
Cancer.....	2
Consumption.....	18
Other Constitutional Diseases.....	6—26
Heat Prostration.....	26
Apoplexy.....	3
Bright's Disease.....	3
Enteritis.....	2
Gastritis.....	1
Gastro-Enteritis.....	3
Heart Disease.....	10
Liver Disease.....	2
Meningitis.....	10
Pneumonia.....	5
Other Local Diseases.....	32—97
Deaths from Developmental Diseases.....	27
Deaths from Violence.....	5
Deaths from Unknown Causes.....	3
Deaths from all causes.....	212
Annual rate per 1,000.....	33.92
Deaths for corresponding week of 1889...	151
Deaths for corresponding week of 1888...	141

J. W. PRENDERGAST, M.D.,
Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 39 cities and towns during the week ending July 4, 1890:

Diphtheria: Cincinnati, 10 cases, 3 deaths; Columbus, 7 cases; Cleveland, 5 cases; Toledo, 4 cases, 2 deaths; Tiffin, 4 cases; Dayton, 3 cases; Springfield, 2 cases; West Jefferson, 1 case; Ada, 1 case.

Scarlet Fever: Cleveland, 4 cases; Columbus, Dayton, Toledo, Chicago, and Bucyrus, each 2 cases; Cincinnati, 1 case, 1 death; Springfield, 1 case; Greenville, 1 case.

Typhoid Fever: Cincinnati, 5 deaths; Cleveland, 4 cases, 4 deaths; Celina, 2 cases; Springfield, 1 case, 1 death; Chester Hill, 1 case; Wabash Township (Darke Co.), 1 case.

Whooping-Cough: Cincinnati, 6 cases; Bloomington, 4 cases, Bucyrus, 3 cases; Cuyahoga Falls, 1 case; Wabash Tp., 1 case.

Measles: Cincinnati, 18 cases; Felicity, 9 cases, 1 death; Cuyahoga Falls, 3 cases; Wabash Tp., 3 cases; Mechanicsburg, 2 cases; Navarra, 1 case.

The following towns report no infectious diseases present: Arcanum, Ashley, Bainbridge, Belle Centre, Carthage, Cedarville, Chillicothe, Defiance, Ironton, Kent, New Carlisle, New

Richmond, Oak Harbor, Smithville, Salem, Uhrichsville, West Alexandria, West Liberty, Wooster.

Health Officers—Please report to this office all cases of sun-stroke.

C. O. PROBST, M.D., Secretary.

Obituary.

J. J. KANE, M.D.

On Thursday, June 26, at 6 o'clock a.m., passed away one of the brightest and most promising young surgeons of this city. Although but a few years a resident among us, Dr. Kane soon won the respect of the medical fraternity of Cincinnati for his profound learning and consummate skill as a surgeon, as well as for his modest and pleasant demeanor as a gentleman.

All who came in contact with him foresaw that he was destined to take the first rank among the surgeons of this city. He had but lately been appointed Attending Surgeon to St. Mary's Hospital, to fill the vacancy occasioned by the resignation of Dr. N. P. Dandridge, where he at once found an opportunity to put his skill as an operator to the test. Although his career in this position was but brief, he immediately won the respect and admiration of his colleagues in that institution. He also held the position of Professor of Anatomy at the time of his death in the Woman's Medical College of Cincinnati, for which he was most eminently qualified, as he was one of the best anatomists of this city.

An estimate of his versatile attainments may be drawn from the fact that whilst he was Lecturer on Pathology in the second year of this institution, he came to the rescue and also filled the vacancies as Professor of Descriptive Anatomy and of Materia Medica and Therapeutics, occasioned by the resignation of the incumbents of these chairs during

the term, with credit to himself and and justice to the students.

The following brief historical sketch we owe to the courtesy of his esteemed friend, Dr. W. E. Kiely.

John J. Kane, M.D., was born in Flemingsburg, Ky., June 6, 1853. He received his education at Mt. St. Mary's Seminary, Emmetsburg, Md., leaving there previous to graduation. He commenced the study of medicine with Dr. Lightfoot, in his native town, completing his studies in Philadelphia and graduating at the Jefferson Medical College in 1876. He returned to Kentucky, and in the spring of 1877 settled in Cincinnati, where he practiced until the following year. Having previously made up his mind to enter the army, he gave up his office in this city during the winter of 1877, returned home and from there went to Philadelphia in the spring. He spent the summer in study, and having applied for and obtained permission, he appeared before the "Army Medical Examining Board" in October, 1878. He passed the best examination of any candidate for that year. He was immediately ordered into service, taking station at St. Louis, Mo., under Dr. Vollum. He remained there one year, and was sent to New Mexico, serving four years between Forts Bayard, Cummings and Union. In 1883, desiring to see some military surgery, he requested to be transferred to troops operating against the hostile Indians in southern New Mexico during that year; his request was granted, and he spent nearly a year in the field, having had during that time abundant opportunities in seeing and treating gunshot wounds of all descriptions. At the close of the Indian campaign he was ordered East, and spent nearly two years between Governor's Island and Willet's Point, N. Y. At his own request he was sent West again, and ordered to southern Texas, where he spent about eighteen months, resigning in May, 1887. He was located in Covington, Ky., from December of that year until the following spring, when he settled on Mt. Adams, Cincinnati. There in a short time he built up a good practice. In

1888 he was appointed Lecturer on Pathology in the Woman's Medical College of this city, and in 1889 Professor of Anatomy in the same school. In November, 1889, he was appointed surgeon on the staff of St. Mary's Hospital, Betts street, this city. He contributed two papers on "Gunshot Wounds" that were read before the Academy of Medicine, Cincinnati, and published in the LANCET-CLINIC. He died June 26, 1890, of meningitis, at the hospital he was attached to, and surrounded by the good Sisters he had learned to love and admire for their devotion to the sick.

His colleagues, the Faculty of the Woman's Medical College of Cincinnati, adopted the following:

WHEREAS, Death has taken from us our esteemed associate in the Faculty of the Woman's Medical College of Cincinnati, Prof. J. J. Kane, be it

Resolved, That his loss will be keenly felt on account of his thorough knowledge and the power which he so pre-eminently possessed of imparting it to others, which made him a distinguished and most valuable teacher of anatomy.

Resolved, That by his many excellent attributes he had endeared himself to his associates, and has left in their minds many mementoes which in the future will serve to recall his brief but brilliant career as a friend of and collaborer in the institution.

Resolved, That his early demise is deeply deplored by those who, on account of their close relationship with him, knew his worth, and who are aware how difficult it will be to find his equal as an occupant of the chair which he so ably filled.

Resolved, That we tender to the family of the deceased our most sincere and heartfelt sympathy, and that a copy of these resolutions be forwarded to them and to the medical and daily press of Cincinnati.

G. A. FACKLER, M.D.,

W. E. KIELY, M.D.,

W. H. WENNING, M.D.,

Committee.

The following resolutions commemorative of his death were adopted

by the members of the staff of St. Mary's Hospital:

The staff of St. Mary's Hospital have heard with the greatest regret and sorrow of the untimely death of their colleague, Dr. J. J. Kane, who, although only a short time in service, had endeared himself to all of us by his personal qualities, and commanded our respect for his knowledge and professional attainments. Therefore, be it

Resolved, That we extend to the family of our friend our sincerest sympathy in their bereavement.

E. W. WALKER, M.D.,

A. GRIMM, M.D.,

FRED. KEBLER, M.D.,

Committee.

TROMBETTA, of Messina, has had a successful case of splenectomy. One day after the operation both red and white corpuscles began to increase in number.

THE idea of Prince Bismarck having impaired his faculties by morphia-drinking is really too extravagantly preposterous a fiction for even lunatics to credit, and the even more offensive allegation of "alcoholism" is not less nonsensical. Prince Bismarck formerly took his fair share of wine or beer, but he is a man of iron head, and certainly never was affected in any way by his potations. The days, however, when he drank champagne, beer, and Rhine wines have passed away. A few years ago Prince Bismarck found his neuralgia benefited by a daily bottle of strong dry port, the wine being of a special quality, which he obtained direct from Oporto; but this was also discontinued when he consulted Dr. Schwenger; and for a long time past his customary beverage has been weak whisky and *Apolinarius*, and even of this only a comparatively small quantity has been allowed.—*Truth*, London, May 29, 1890.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

Medical News.

GLEANINGS FROM THE DIARY OF A PHYSICIAN IN CENTRAL AFRICA.

MEDICAL AND ETHNOLOGICAL NOTES.

The Masai tribes who inhabit the rich volcanic country east of the Victoria Nyanza are among the most interesting in Central Africa. They are not negroes: they have good cranial development, straight, well-shaped noses, eyes with a slight Mongolian slant upwards, prominent cheek bones, jaws rarely prognathous, chocolate-colored skins, and extremely well-proportioned limbs. Both men and women elongate the lobes of the ear by ear-stretchers, till they nearly reach to the shoulders, and their fists can be put through the orifice in the distended part. The chief achievements of the young Masai men or warriors seem to be to make eloquent speeches and to commit murder. Internecine wars have depopulated their country, and their ferocious attacks on caravans have made Masai land both the terror and the *terra incognita* of travelers. Till they marry the young men feed on milk and flesh food, and smoking and chewing tobacco and drinking fermented liquors are strictly forbidden. Before setting out on a fighting excursion the warriors retire to the mountains and gorge themselves with beef with the idea that they thereby store up strength. After marriage they add vegetables to their food, and they then chew tobacco and indulge in an occasional carouse. The married men and women live in kraals apart, and the unmarried girls and warriors live together in other villages by themselves, in a state of promiscuous free love. The women are completely clothed in dressed hides, and are as immoral as the men are arrogant and ferocious. The Masai will not allow burial of a corpse, as they think it will poison the soil, and it is therefore cast to the wild beasts without ceremony. They have no religion and no belief in a future, but are extremely suspicious, and have complete belief in witchcraft. Thomp-

son, the traveler, was the first European to traverse the country of this terrible Masai, and did so by posing as a great white wizard by the aid of an electrical machine, an artificial set of teeth removed at will, and Eno's fruit salt, which, on being made to fizz at the firing of a gun, would, it was alleged, work wonders ten days after he had left. To spit on a person is to confer the greatest mark of respect. Where the Masai have, as the result of warfare, been obliged to settle and mix with other tribes, and have been cut off from the evil traditions of their race, their superior mental development has resulted in producing hybrid tribes distinguished for their energy in trade and their good government. This experience is encouraging at the present moment when we are making arrangements to take these wild tribes under our protection.

The Wa-Karirondo, who live north of the savage Masai, are cultivators of the soil and a vegetarian people. They have a less fine physique and less ferocity of disposition than the Masai. The men go absolutely nude; the women "wear a necklace and a smile," and sometimes a cotton tail; but though unclothed they are as distinguished for their modesty and virtue as the draped Masai women are for their audacity and vice. They are fond of dancing, in which violent muscular movements of the arms and shoulders play the principal part.

The Waganda may be said to be the French of Central Africa. They are people with ideas, and they lead the fashions. A race which prides itself on descent from remote white progenitors, the Waganda stand out—by reason of their elaborate system of autocratic government; their laws and customs, which control all the affairs of life, even the amount of bare leg permissible at court; their higher civilization, which is shown in their dress, houses, and sanitary arrangements—as distinct and separate from the naked savages which surround Uganda, "the Pearl of Central Africa." The Emperor Mtesa, with his barbaric court on the shores of the Victoria Nyanza, his arrogance and

cruelty, his intelligence and eager desire to learn, his vast armies and his huge harem, has been described by Speke and Stanley with such minuteness and brilliancy that his name and character will never be forgotten. The Waganda are extremely intelligent, and the missionaries who followed in Stanley's steps and established a station at Uganda tell wonderful stories of individual converts who quickly learnt to read the Bible in their native tongue, and to write capital letters, and who even suffered cruel martyrdoms for their faith; but all who have had anything to do with these people agree that, as a whole, they are crafty, lying, murderous thieves. Both men and women are draped in bark-cloth, and immodesty is a crime; the dwellings are clean, and each householder is obliged to construct a privy away from the house; the banana and plantains are the staple articles of food, a savory cooking of which is practiced. The Waganda are very skillful with their fingers, and in the making of shields, spears, and canoes they excel all other African tribes; they are extremely fond of music, and have a number of musical instruments; indeed, so fond are all the African races of music, that, in Sir Samuel Baker's opinion, a man who plays the cornet, or an organ grinder, could pass unharmed from one end of Africa to the other; and that a missionary to be successful ought to be able to dance a jig and play the bagpipes. Women in Uganda are mere baggage, and all wives have their price.

The Wanyamwezi, who have become the trusted porters or *pagazis* of all exploring parties or trade caravans into the interior, are a people of great endurance and physical strength, and are docile, courageous, and obedient if well led. A curious custom prevails among the Wateita of coating the body with lampblack and castor oil, which acts as a protection against excessive heats by day and chills at night.

The cannibals of the Congo, whom Stanley was the first to discover and visit, and who pursued him and his followers all down the great river with yells and cries of: "Meat! Ah, we

shall have meat to-day!" show, in spite of their horrible tastes, a somewhat high standard of achievement in the building of their houses and canoes, the smelting of metals, and ornamenting of weapons, etc.

The Pigmies of the forests of Central Africa are mentioned by Herodotus, and have been spoken of, mostly by hearsay, by nearly all African travelers; but Du Chaillu was the first to give an account of them and their settlements and to obtain measurements of their bodies and heads. Those described by him were the Obongos of Ashanpoland. They are of extremely low type, with exceedingly low and narrow foreheads, in height about 4 feet 6 inches, and with the body covered with tufts of hair. In some parts of the great central forest the dwarfs seem to be hunted and eaten by the more powerful tribes, and Stanley describes how the villages of the Congo are ornamented with the skulls of what the natives called "Sokos," who, they said, were hairy dwarfs who lived in the forest, and whom they hunted, killed, and ate, because they stole their bananas. Stanley obtained two Soko skulls, and brought them home and submitted them to Professor Huxley, who declared that they were human skulls, with all the characteristic peculiarities of the negro type, including a well-marked, but not unusual, degree of prognathism. The cephalic index was 75.

In Western Equatorial Africa the tribes are not cannibal south of the equator. The tribes are split into clans, each clan being presided over by a chief or father, under whose protection they live. The powerful king and the despotic form of government of Eastern Africa are unknown. The law of the strongest does not prevail, and they do not raid for plunder. Polygamy and slavery prevail here as elsewhere in Africa. They understand the arts of weaving and smelting metals, but how they learnt them they could give no account. As these races have not been subject to European or Arab influence it is probable that the people, as well as their primitive arts, are of great antiquity. Du Chaillu holds that "of

all the uncivilized races of men the negro has been found to be the most docile, and he possesses excellent qualities that compensate, in a great measure, for his bad ones. That he will disappear in time from the land he (Du Chaillu) has very little doubt; and that he will follow in the course of time the inferior races who preceded him."

That the population of Africa is decreasing, all allow, and Du Chaillu mentions as the causes: "The slave trade, polygamy, the barrenness of the women, death among children, plague, and witchcraft," and adds, "the latter takes away more lives than any slave trade ever did." The system of night nurseries, described by Sir Samuel Baker, must also have a great effect in keeping down the population. Into sheds, built without the means of ventilation, the babies are put at dusk, where they lie all night on the clay floor in a reeking atmosphere. They are taken in the chilly morning by their mothers, when they try to warm their little naked bodies at the hut fire.

The ravages made by small-pox are terrible. The most repulsive form of the disease prevails, and, unchecked by vaccination, it often sweeps away whole villages and clans. Some writers speak of plague, and describe the bubos in the axilla, which recall the plague of the Middle Ages. Elephantiasis, leprosy, and dysentery prevail, and Europeans are almost invariably attacked by malarial fevers, which yield, however, to quinine. Drunkenness is not, as is frequently stated, introduced by Europeans, but is one of the favorite vices of the primitive negro.

—*British Med. Journal.*

MILK STERILIZATION.

Ordinary milk, like other foods, is, in general, safest when cooked. While for common city milk an hour's steaming is often insufficient for complete sterilization, yet by keeping the milk for twenty minutes at the temperature of boiling water, we destroy almost all of the micro-organisms that may be present, and eliminate the element of danger from any of the recognized dis-

ease producing germs (including the *bacillus tuberculosis*) that may be present. We should, therefore, direct that a doubtful milk be boiled for at least thirty minutes, as careless people may lose time in raising the milk to the desired temperature. For a common city milk it is well to set an hour as the time for which it should be steamed, and after this cooking the milk should be kept cool until used; if then any spores remain alive, their increase is at most very slow.

The bottles in which the milk is to be sterilized must be clean, and must have been sterilized by steam or hot water. Dry heat used for this purpose must be of a high degree and prolonged.

The bottles out of which milk is fed to babies should be kept rigorously clean, and after the nipple arrangement is cleaned, it can lie in a saturated solution of boric acid.

—CURRIER, *N. Y. Med. Journal*.

THE USE OF WATER AT MEALS.

Opinions differ as to the effect of the free ingestion of water at meal times, but the view most generally received is that it probably dilutes the gastric juice and so retards digestion. Apart from the fact that a moderate delay in the process is by no means a disadvantage, as Sir William Roberts has shown in his explanation of the popularity of tea and coffee, it is more than doubtful whether any such effect is in reality produced. When ingested during meals, water may do good by washing out the digested food and by exposing the undigested part more thoroughly to the action of the digestive ferments. Pepsin is a catalytic body, and a given quantity will work almost indefinitely, provided the peptones are removed as they are formed. The good effects of water, drunk freely before meals, has, however, another beneficial result — it washes away the mucus which is secreted by the mucous membrane during the intervals of repose, and favors peristalsis of the whole alimentary tract. The membrane thus cleansed is in a much better condition to receive food and convert it into soluble com-

pounds. The accumulation of mucus is especially well marked in the morning, when the gastric walls are covered with a thick, tenacious layer. Food entering the stomach at this time will become covered with this tenacious coating, which for a time protects it from the action of the gastric ferments, and so retards digestion. The tubular contracted stomach, with its puckered mucous lining and viscid contents, a normal condition in the morning before breakfast, is not suitable to receive food. Exercise before partaking of a meal stimulates the circulation of the blood and facilitates the flow of blood through the vessels. A glass of water washes out the mucus, partially distends the stomach, wakes up peristalsis, and prepares the alimentary canal for the morning meal. Observation has shown that non-irritating liquids pass through the "tubular" stomach, and even if food be present they only mix with it to a slight extent. According to Dr. Leuf, who has made this subject a special study, cold water should be given to persons who have sufficient vitality to react, and hot water to others. In chronic gastric catarrh it is extremely beneficial to drink warm or hot water before meals, and salt is said in most cases to add to the good effect produced.—*British Med. Journal*.

FOR SEVERE EPISTAXIS.

These cases serve to show the inefficiency of styptics, and to introduce a new domestic remedy, suggested by Dr. D. Hayes Agnew, namely, cylinders of *bacon*, large enough to closely fit the nostril, and long enough to reach the naso-pharynx.—MCBRIDE, *University Med. Magazine*.

CAMPBELL'S treatment for tape worm is as follows: Give over night five or six fluidrachms of castor oil. Next morning give early two drachms of thymol divided into twelve doses, one to be taken every fifteen minutes. Immediately after the last dose of thymol, give a dose of castor oil, and in a few minutes after taking it the worm will be expelled entire.—*Times and Register*.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

TOO MANY GRANDMOTHERS.—One day Dr. Labosie, physician to the Grand Opera House, was called to see an actress who had more lovers than histrionic talent. She was setting in the corner of her room holding her hands over her abdomen. "Oh! Doctor!" she cried, "I am suffering great pains. I have just lost my grandmother. Oh! the blow is cruel!" The young woman forgot that twice before she had explained her mishap by the grandmother tale. It was then the physician calmly observed: "Mademoiselle, you have already lost your venerable relation too often. This miscarriage business must stop." The actress, who was suffering pain, did not note the sarcasm, but simply said: "Not too often, Doctor, this is only the fifth time."

ANECDOTE OF DOCTOR LIEUTAND.—Lieutand, physician to Louis XVI., was attacked by acute pneumonia, which carried him off on the fifth day of the disease. Two days before dying he recognized the inevitable, and refused all medicines. "Leave me alone," said he to those who mourned at his bedside. "When medicine ceases to be useful, there is no need of giving remedies." The last moments of Lieutand were peaceable. He distributed his property among his friends, and died as calmly as his life had been honest.

DOCTORS GIVE ORDERS TO KINGS.—When Louis XIV. fell dangerously ill at Calais, they sent for a country doctor who came from Abbeville to visit his Majesty. This doctor, without formality entered the King's chamber, and sitting at the Monarch's bedside, patted the Royal patient's hands saying: "I will cure this big baby, but must

order him to keep his mouth shut." At this gross breach of Court etiquette, the courtiers were overwhelmed with wrath and the young Monarch never forgot the insult in his life. One day, years afterwards, he spoke of the matter to his Court physicians, who were consulting on his fistula in anus, and reflected on doctors who gave orders to Kings, when one of those present, Dr. Delorme, retorted: "Medicine has no more respect for a King than for a peasant. I ordered around Henry IV., dead Louis XIII., and a sick King is nothing to me but a patient. So follow my orders, Sire!"

RIMOMANIA.—A poor devil died lately at the Hospital Beaujor. His name was Herve Dranc, and he enjoyed considerable reputation as an improviser of songs. He amused the audiences at the Alacazar for the past seventeen or eighteen years. This man was taken sick, and in his dying delirium recited rhymes without number, a perfect flood of well turned verses flowing from his lips without cessation. A few moments before his death he declared in a choking voice between gasps for breath:

"A last time she comes to see me, and I am lost to sight,
Ah! my heart is broken; the saddest parting is to-night.

He gasped and apparently was gone for a few seconds, then rallied when he continued:

My soul is fast a fleeting, and in Delirium's arms I now expire;
I go and ne'er again shall meet thee; broken the chain of Love's empire."

Then he was taken with a violent attack of hiccough, and in a few moments died.—[*Le Gil Blas*.]

ANECDOTES OF BORDEU.—Dr. Lorry relates that Madam Sully being indisposed, called him to attend her, saying that her old family physician, Bordeu, had been insulting to her, saying: "Your malady arises from ungratified desires. You need a man, and who better than your doctor?" Madam Sully promptly and properly ordered Bordeu from her house. Dr. Lorry endeavored to excuse the conduct of his

confrère, but he added: "After my apology for Bordeu, she discharged me and re-employed her old medical attendant."

* * *

ANECDOTE OF DR. MARESCHAL.—Mareschal, first surgeon to the king, in 1726 operated on Leblanc, Minister of War, for an abscess of the liver. He was assisted by young Dr. Morand. At the instant Mareschal placed his bistoury on the hepatic tumor to open it, Morand pulled the knife away and pointing to another spot, quietly remarked with his index finger and a wink of the eye the point for the incision. Mareschal made the incision as indicated by Morand, and penetrated the exact centre of the abscess. The Minister of War made a perfect recovery, and gave a grand dinner party to his attending physicians. Taking Mareschal by the hand he presented him to the assemblage, saying: "Here is the man to whom I owe my life." When Mareschal exclaimed: "You are deceived, sir! There," pointing to Morand, "is the young doctor who saved you. If it had not been for his skill I should have killed you." This great surgeon, so full of practice and truth, was all the more highly esteemed for giving his young *confrère* the credit of the operation.

* * *

A VERY SUSCEPTIBLE PERSON.—A man visited a well known Parisian physician's office, and the following dialogue occurred:

Patient—"I am suffering greatly doctor."

Physician—"What appears to disturb you?"

Patient—"I have such susceptible bowels, that yesterday, seeing a man eating a melon, I was immediately attacked by colic."

* * *

RHINOPLASTIC SURGERY.—They discussed rhinoplasty in a circle of country doctors, and each one gave some very remarkable experience. When some most wonderful operations had been gravely noted, a doctor, who was a wag, as well as a clever practitioner, told the following: "One of my cousins,

a young lady, a beautiful girl from Cabnebiere, had an eroding tumor of the nose which I removed and covered with the skin taken from a hen, low down. The cure was perfect, no deformity whatever existing, but one inconvenience resulted; *i. e.*, every time my cousin blew her nose she laid an egg. Another astonishing fact, she had brain fever sometime after, and was so heated that she passed nothing but omelettes." The Rhinoplastic Society gave this young man a gold medal for his veracity.

* * *

AN INCURABLE DRUNKARD.

The old toper, Martin, in fear,
Said unto his doctor, mid sighs,
"Pray whisper some remedy into my ear
To cure up my very sore eyes."

The doctor said, "Martin, old wight,
Thy disease one can quickly divine.
Thou surely wilt lose thy good sight,
If thou quittest not drinking red wine."

Then, Martin, his eyelids closed tight,
On the doctor's advice long did think.
"Adieu!" said he, "forever to light,
For I am determined to drink!"

"After all it's not bad to be blind,
Quitting drink means to lie in a grave;
There's no use of windows, I find,
Providing my house I can save."

He drank more than ever, they say,
He recovered his sight, it appears.
He was fat, and uncommonly gay,
Outliving his doctor ten years.

—[Imitation of the "Cure Borgne" of Greccourt.

* * *

COFFEE A SLOW POISON.—A physician told Fontanelle that coffee was a poison. "Doctor," said the Academician, "I believe, like you, that coffee is a *slow poison*, for I have taken it for eighty years."

* * *

HEROIC TREATMENT.—B. suffered horribly with his teeth. One day he met a friend, a waggish physician, and reproached him on the inability of doctors to relieve toothache. "I will give you an infallible remedy," replied the physician. "Give it to me immediately," exclaimed the tormented victim, "and your fortune is made. I will follow your directions implicitly." The physician said slowly: "My recipe is

very simple. You must put a small raw potato in your mouth on the swollen side. Then put your head in a bake oven, well heated. When the potato is roasted you will be cured." The waggish physician and B. no longer recognize each other when they meet.

* * *

ANECDOTE OF TYCHO BRAHAM.—Tycho Braham, being one day in a carriage with the Emperor Rudolph, found himself pressed with a desire of Nature. He restrained himself and died some hours afterwards of a retention of urine at the age of fifty-five years. The following epitaph was written on this *savant*:

Here lies one who possessed the highest
scientific qualifications,
And was the victim of politeness.

He lived like a sage but died like a fool.

* * *

IN THE OFFICE OF THE WRONG SPECIALIST.—A physician whose specialty was skin diseases, one day saw a patient enter his office. "Strip off your clothes!" commanded the physician.

"But, doctor!" expostulated the patient. "No buts!" exclaimed the doctor, who was quick tempered, "do as I bid you." The patient doffed his clothes and stood naked before the dermatologist, who examining him closely, remarked: "My good, sir, I can detect no affection of the skin in your case." The patient smiled and replied: "True, doctor. I came to consult you in regard to my eyes."

* * *

LOVE'S MALADY.—Eugenie D., the actress, had been sick with vaginitis for ten days, and bore her malady with true amiability. Dr. Rivarol remarked to her: "Your health proves that you are very amiable, and your disease, that you are very much loved."

* * *

MEDICINE AND RELIGION. A celebrated physician quitted Calvinism for Catholicism, and Henry IV, said to Sully: "My friend, your religion must be very sick, for even doctors give it up."

[TO BE CONTINUED.]

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**ON REFLEX PHARYNGITIS OF
NASAL ORIGIN.**

WITH A REPORT OF FOUR CASES.

A Paper read before the Walnut Hills Medical Society, May 14, 1890,

BY

A. B. THRASHER, M.D.,
CINCINNATI.

The affections which have been classified under the head of reflex nasal neuroses are almost innumerable, having within the last decade so increased in number as to make one wonder whether to some abnormality of the nose all disease is not directly or indirectly due. As a few years ago all pain in the female was attributed by the advanced gynæcologist to some disease of the uterus or its appendages, so more recently have almost all the ills of the human flesh been assigned to nasal disease.

While the nose, as the *fons et origo* of human ills has in former years not been over-looked, as is shown in a most interesting paper read by Dr. John N. Mackenzie⁽¹⁾ before the American Laryngological Society, yet it has been reserved for the present generation of rhinologists to point out all the ramifications of the nasal nerves and their agency in producing reflex pains. It is, perhaps, not to be wondered at that when this region, so long a *terra incognita*, was first opened up by the advanced explorer, that the mistake should be made of assigning too much importance to many of the phenomena discovered. However this may be, the

fact yet remains that many of the profession either have not heard of these nasal reflexes, or having heard, do not heed the admonitions of the rhinologist. The late Dr. Elsberg⁽²⁾ has referred to examples of the following affections as due to nasal disease: (1) melancholia; (2) chorea; (3) reflex epilepsy; (4) neuralgia, especially supra-orbital, headache, migraine; (5) gastric disturbances and diseased conditions of the upper digestive tract; as reflex pharyngitis, uvulitis, tonsillary enlargement, etc; (6) uterine disorders and affections of the genito-urinary mucous membrane; (7) pain and disordered function of the organs of sense, especially of smell and taste, but also of hearing and sight; (8) numerous affections of the extra-nasal respiratory tract and organ of voice, among which are especially prominent the various alterations of the speaking and singing voice, laryngeal cough, glottic spasm, and bronchial asthma.

Many of these it will be readily seen are due to a reflex action; and sometimes the connection between the symptom and the nose may not seem very close, even to an enthusiastic rhinologist. But to see a very complete list of the supposed reflexes due to intra-nasal disease turn to Dr. Francke Bosworth's article on Nasal Reflexes⁽³⁾. The average general practitioner will be astonished at how few of the diseases of humanity are left to him after taking away those due to nasal reflexes.

There come to the general practitioner numerous patients with the ready-made diagnosis of "sore throat," when a careful examination fails to reveal any considerable pathological lesion in the

2. Op. cit., 1883.

3. Diseases of Nose and Naso-Pharynx, 1889.

1. Transactions A. L. A., 1887, p. 102.

pharynx. Not unfrequently these throats are penciled and painted and sprayed for a time with no relief to the patient, who finally either ceases to hope for a cure or passes to another doctor only to undergo the same or a like resultant treatment.

I think it may not be unprofitable this evening to give you from my case record a few examples of these sore-throats.

CASE I.

Mr. Mc., æt. 46; occupation, a banker; consulted me in the fall of 1888 for sore throat. He had been suffering at intervals from a feeling of soreness in the throat for some years, and for the last year had been under constant treatment. Local applications had been made to his pharynx with brush, cotton applicator and spray. Electricity had been used, the tonsils had been cauterized, but without diminution of pain in the throat. The pain was not constant, but it was somewhat increased by talking. Occasionally he would become hoarse, when his larynx would be brushed and sprayed until his voice became again clear. He grew somewhat despondent, and was thinking of cancer of the throat or some other form of malignant disease, when he came to Cincinnati and was referred to me by Dr. Byron Stanton. He was a healthy looking man, and had a good family and personal history. A sore throat was the only thing that troubled him. I asked if he had any trouble with his nose, either in the way of abnormal discharge or obstruction to breathing, and he replied in the negative.

Examination revealed a slightly congested pharynx. Larynx normal in appearance. Naso-pharynx fairly healthy. In the nose was discovered a perforating ulcer of the cartilaginous septum as large as a nickel five cent piece. The ulcer had ragged edges and was apparently rapidly enlarging. In the left naris, posterior to the perforation, was a fibroid polyp blocking the passage. The right naris was quite well open. The removal of the fibroid and the healing of the ulcer was immediately followed by a cessation of his

chronic sore throat, and there had been no return of the trouble one year after treatment.

CASE II.

Miss R., æt. seventeen, was referred to me by Dr. Wm. Carson for nasal examination and treatment. She had been a sufferer from sore throat for some months. Local treatment to the pharynx and larynx was of no benefit, and an obstinate cough finally set in. For this she was sent to Dr. Carson for examination of the lungs. He pronounced her lungs sound and sent her to me, on the theory that the cough was reflex and due to naso-pharyngeal disease.

Her pharynx was normal and the larynx was slightly congested. The turbinates were mildly hypertrophied but exceedingly sensitive, so much as to scarcely admit of touching without great pain and a paroxysm of coughing. Under cocaine anæsthesia the swelling of the turbinates mostly disappeared. I cauterized the sensitive portions of the nasal mucosa, and soon the sore throat ceased and the cough stopped. She has since had one or two acute attacks of rhinitis, which have in each case been accompanied by cough and sore throat, all of which rapidly disappeared under local applications directed to the diseased nasal mucous membrane.

CASE III.

Mr. C., æt. twenty-one, had been a sufferer from sore throat since a child. He attributed it to taking cold, and while formerly there were long intervals of immunity from throat pain, he had latterly been an almost daily sufferer. The pain in this case radiated toward the ear, and he had had his ears inflated for some months by an oculist, without benefit. His voice was at times hoarse, and as he was something of a singer this was perhaps the chief reason for his seeking my aid.

His pharynx was slightly congested in the region of the posterior pillars and uvula; otherwise it seemed healthy. The nasal mucosa was abnormally sensitive over the middle and lower turbinates, and touching some parts with a

smooth silver probe would give rise to an irritable cough and a sensation of pain in the naso-pharynx and ear. There was no actual obstruction to nose breathing, and he rarely complained of that complication. He had had local treatment of the pharynx and larynx at intervals for six months, but with no apparent benefit. The swelling of the turbinates was evidently due to engorgement of the venous sinuses from vaso-motor paresis, as it disappeared under a mild cocaine spray. Treatment directed wholly to the nose afforded complete relief to all his symptoms.

CASE IV.

Mr. A., æt. thirty-seven, had been suffering for a year from sore throat. His family physician had accepted his diagnosis and made local applications to the pharynx for three months, during which time the sore throat grew gradually worse. He was then referred to a laryngologist and fell into my hands.

The pharynx was somewhat inflamed and there was a chronic uvulitis. The nose was patulous, but a fibroid polyp dropped down over the right middle turbinate. I attributed the pharyngitis to the irritating character of the nasal secretion. The removal of the polyp was followed by a cessation of all bad throat symptoms.

Dr. Bosworth⁽¹⁾ has endeavored to show that nasal reflexes are caused by a vaso-motor paresis occurring in persons of a neurotic habit, and especially manifested by a dilatation of the erectile tissue of the turbinates. More especially is this the case when the middle turbinate is involved, as it is here that the nerve supply is greatest, and the irritation, as a consequence, most severely felt.

In not all cases have I been able to recognize a specially nervous temperament, although I believe this will be found to underlie most reflex neuroses.

Of course, there are many neuroses of the pharynx due to extra-nasal conditions. Dr. F. I. Knight⁽²⁾ has reported

some interesting pharyngeal neuroses which have had an underlying constitutional dyscrasia and no objective pharyngeal lesion. He emphasizes the fact that care in recognizing the underlying condition must be exercised, and in conclusion very well says: "The conditions of anæmia, neurasthenia, or lithæmia may either of them be the underlying cause of a patient's trouble, and would require very different remedies, the last condition being often seriously aggravated by tonics and the routine treatment given the former."

Then in "sore throat," as in all other disorders, first make your diagnosis; endeavor to go to the origin of the affection. Study carefully the constitutional as well as the local conditions, and then will your treatment be rational, and your patient will have the benefit of your medical knowledge as well as of your tactile skill.

[FOR DISCUSSION SEE P. 74].

THYMOL AS AN INTESTINAL ANTISEPTIC.

The *Medical News*, in an editorial on "Intestinal Antiseptics," speaks with special approval of thymol, naphthol and salicylate of bismuth. It says: "There is none better than the first-mentioned, which is perfectly innocuous in large doses and possesses an antiseptic power four times greater than that of carbolic acid. Its value as an antiseptic seems to have been more fully recognized in Italy than elsewhere, and has been endorsed by Martini, Bufalini, Testi and others. In our opinion it is, when properly administered and in suitable doses, *facile princeps* among intestinal antiseptics. Salicylate of bismuth is also an admirable remedy of this sort, and is the one most approved by Dujardin-Beaumetz in the article mentioned. He usually administers it in capsules in combination with magnesia, sodium bicarbonate, prepared chalk, phosphate of lime, beta-naphthol, or charcoal."

Boston Med. and Surg. Journal.

STUDENTS matriculating at Vienna are required to present their photographs to the dean.

¹ Op. cit.

² Transactions A. L. A., 1887.

A CASE OF ACUTE ASCENDING MYELITIS.

Reported to the Cincinnati Medical Society,
April 22, 1890,

BY

J. C. MACKENZIE, M.D.,

Professor of Principles and Practice of Medicine and Clinical Medicine, Miami Medical College.

James G; aged twenty-eight; driver of baker's wagon; married. I first saw this patient on the 9th of September, 1883. I obtained the following history: Until two weeks before the patient had been in good health. At that time he had noticed that his eyesight was somewhat impaired. This, however, was not sufficient to prevent his continuing his occupation. Soon afterwards he began to experience difficulty in walking from weakness in his legs. Still, he continued to work until a week before my visit, when the weakness had increased to such an extent that he was no longer able to get upon his wagon. For three days before I saw him he had been confined to bed, and had suffered a great deal with pain and rigidity in the neck; he had also been losing strength in his arms.

He had had venereal sores eight years ago, which were followed by suppurating buboes. He had never had secondary symptoms, and had otherwise always enjoyed good health, except that occasionally he suffered with attacks of dyspepsia. He could assign no cause for his illness; he had not been exposed unusually to wet or cold. His father died when he was quite young of some acute disease; his mother died of "asthma." He knows of no nervous diseases in his family, and thinks that no one of them ever died of phthisis pulmonalis.

I found him complaining of pain in the back of the neck and numbness in the extremities. Upon examining him I discovered some retraction of the head and pain when an attempt was made to draw it forwards. When left to himself, he said that there was more a feeling of restlessness than absolute pain, so that every few minutes he called upon his attendants to move him from

one position into another. His legs were quite paralyzed, and devoid of sensibility. The anæsthesia extended up as far as the umbilicus. The superficial reflexes were absent, but the patellar tendon reflex was present, and there was well marked ankle clonus. He had not emptied his bladder for several days, but there had been more or less dribbling. His bowels had not been moved for a week. The bladder reached as high as the umbilicus. Although he could move his hands, they were weak, and he had a feeling of numbness in them. Temperature was 100°; pulse, 60, fair force; and respirations, 36. He had no cough, and the heart and lung sounds were normal. His vision was very much impaired, everything appearing as though obscured by a veil; he saw at a distance as well as near at hand. His mental faculties were quite unaffected. He was catheterized, and two pints of urine withdrawn. It was tested and found to be normal. Iodide of potassium was ordered, ten grains every three hours, and an enema of soap-suds.

The next day, September 10, the following note was made: Does not complain of as much uneasiness and slept rather better last night, but in other respects there is no improvement. Motion and sensibility in hands more affected. Temperature, 101°; pulse, 80, good tone; respiration, 32, both thoracic and abdominal. Pressure along the spine elicits no pain except in the cervical region. Has some desire for food. No stool. To continue the iodide of potassium and to have an injection of castor-oil and turpentine; catheterized night and morning.

The record for the 11th is as follows: Is worse; hands are weaker, and have but little sensibility. Patellar tendon reflex and ankle clonus still present, but less pronounced. Pulse, 108, weaker; temperature, 102°; respirations, 48, easy; had two small stools. To double the dose of the iodide and to repeat the injection. Evening record: much the same; temperature, 105°; pulse, 112; respirations, 48. To have one-eighth of a grain of sulphate of morphia if he cannot sleep.

Record for the 12th. Has lost all power and sensibility in hands. Mind perfectly clear, and he requests to be turned frequently from side to side, as he says he becomes very uneasy when left long in the same position. Slept two or three hours last night; patellar tendon reflex can still be elicited, but is very feeble; no ankle clonus; temperature, 104°; pulse, 144, weak; respirations, 53. To take one-third of a grain of morphia and repeat if necessary. Evening: gradually sinking; can be aroused, but is inclined to be delirious; great uneasiness and sensation of strangling; head strongly retracted; pulse, 150°, very weak; respirations, 48, labored.

He died at half past five o'clock the next morning.

I am sorry that the records of this case are deficient in some very important respects. In the first place, the ophthalmoscopic appearances were not noted; in the second place, the electrical reaction of the muscles were not determined; and, in the third, no statement was made as to the nutrition of the muscles.

I cannot consider this case as one of Landry's paralysis, although it presents many analogies; as for example, the ascending direction of the paralysis and the rapid course, the whole duration being less than three weeks. But, on the other hand, the sensibility was profoundly affected, the bladder and rectum paralyzed, and the temperature greatly elevated—conditions, which I should regard as positively precluding such a diagnosis. The question then arises as to the diagnosis in the case, and I confess that at the time, and since, I have been much perplexed as to its proper place in the nosological list. A post-mortem examination was not made, so that we had not the assistance which an inspection of the organs might have furnished. I am rather inclined to the view that it was a case of rapidly ascending myelitis; beginning, perhaps, just above the lumbar enlargement and extending, upwards and probably downwards. My reason for thinking that it did not begin at the lowest part of the

cord is that the deep reflexes were retained for a long time. But that there was some implication of the lumbar enlargement even when I first saw him, was indicated by the fact that the bladder and rectum were paralyzed, and that the superficial reflexes were absent. While this seems to me to be the most satisfactory explanation, it is strange that in such an acute case, terminating as it did, within three weeks, there should not have been more evidence of nutritive disturbance. There never was any indications of bedsores, and, although in the notes that I kept there is no statement as to the condition of the muscles, yet I think that we may infer that their nutrition was not seriously affected as the tendon reflexes were so pronounced.

There is another feature in the case that deserves especial remark, and that is the impairment of vision, which really was the first symptom noticed by the patient. This, with the rigidity of the muscles of the neck and the retraction of the head, rather point to the meninges at the base of the brain as the parts inflamed. While there may have been some inflammation there I do not think that it could have been very intense, as there was at no time until the very last, any affection of the mind, nor other symptoms which we would reasonably expect in association with basilar meningitis; and certainly the most pronounced conditions in the case could not have depended upon disease of the brain. It is not at all likely that sensibility would have been as profoundly disturbed, nor that paralysis would have pursued the ascending course that it did in this case, nor that the functions of the bladder and rectum would have been so affected.

THE outbreak of cholera in Spain has aroused the *British Med. Journal* to call for an improvement of London's water supply. The journal states that the last cholera epidemic cost London six thousand lives, and was traced to the pollution of the river Lee by one family.—*Times and Register*.

WHAT CAN WE DO TO SECURE GREATER UNIFORMITY AND EFFECTIVENESS OF REME- DIAL AGENTS?

BY

E. STUVER, M.S., M.D.,
RAWLINS, WYOMING TERRITORY.

During the last year or two, the regular decennial revision of the United States Pharmacopœia, has been a subject widely discussed by both the medical and pharmaceutical professions. Many of the leading journals of both professions have taken an advanced position as to the solution of the vital problems now engaging attention. It is safe to say that these questions will receive careful and impartial consideration from that learned body of scientific gentlemen who compose the committee of revision. The settlement of problems of such intricacy and vast importance, however, as those engaging their attention, requires careful deliberation and long time; and the question naturally arises, what can the medical and pharmaceutical profession do in the meantime to assist in clearing up the obscurity that surrounds these problems? A *general, systematic, individual* effort, according to a clearly defined plan, would, I believe, yield most satisfactory results.

Let each and every physician carefully and systematically note the results obtained from the employment of therapeutic agents in the treatment of disease and he will soon become convinced that the greater his knowledge as to the purity, strength, and effectiveness of the remedies employed, the greater the accuracy with which he can predict results, and the more satisfactory they will be. In order to acquire this knowledge and these results, however, several things are necessary: In the first place, he must select a remedy of known strength and effectiveness, then he should indicate on his prescription the brand desired, and be assured that the druggist dispensing the same uses that and no other. With these conditions fulfilled, he has at command data from which to draw reasonably correct con-

clusions. But in order to test the accuracy and inherent permanency of these conclusions, it is necessary to present them to the great army of physicians for investigation and judgment. This end can be best attained by publication in the medical journals of the country, whereby the results are subjected to that thorough discussion, rigid testing, and critical examination demanded of all remedies which obtain a permanent place in our therapeutic armamentarium. But, how can the reported results be made to impart the greatest amount of definite information and clear up existing obscurities?

Every reader of the medical journals must have frequently noticed and been annoyed by the fact that many, if not the majority of articles, while minutely and exhaustively describing the therapeutic effects obtained by the use of some remedial agent, entirely omit to mention the source (manufacturer's name), from which it was obtained. Now, if crude and manufactured products were all of uniform or standard strength, such mention would be uncalled for; but, as every one knows, the number of remedies whose active constituents have been isolated is comparatively small, and by far the greater part of the *materia medica* is composed of agents varying widely in potency and effectiveness. How frequently do we see reports in which one or more observers highly extol the virtues of a particular remedy, while others equally as eminent, pronounce it to be almost, or entirely worthless; and very often the assertion is directly made or implied that the favorable reports are based on errors of observation, and that if cool, critical judgment, rather than credulous enthusiasm had obtained, the effects would have been very differently interpreted. After making due allowance for errors of observation and mistaken inferences, and that extremely variable element, the *personal equation*, I think it is safe to assert that much of the lack of uniformity in results and unanimity of opinions are due to the fact that one person writes about one thing and another criticises something very different; that is to say, the reporter

and his critic, instead of having used a remedy possessing a uniform standard of purity and effectiveness, have had but little in common in their tests except the name of the drug. This frequently leads to dissensions and unpleasantness which greater precision on the part of the reporter might have prevented.

Every writer in describing results obtained from *all new remedies* and those subject to any considerable variation in therapeutic activity, should indicate the manufacturer's name or initials; this is a duty he owes both to scientific accuracy and to his readers, who, if they desire to test the remedy, do not care to try a number of preparations before securing, if at all, the one on which the report is based. This course may be claimed to be an invidious reflection on other manufacturers of the same article; but as long as scientific accuracy and the best interests of suffering humanity take precedence of all other considerations, I think such an objection will receive slight attention from disinterested physicians. Nor does the good following carefully noted and reported results depend on the physician alone, but to insure the best results, he must receive the support and coöperation of medical editors, some of whom are averse to appending the manufacturer's initials, in publishing reported results, even when they are plainly included in the report. This, I think, anyone on reflection will concede to be a mistake, as it is very well known the more rigid and searching the tests to which remedies are subjected, the higher the standard of excellency that will be attained.

Many of the readers of the *Medical News* (see *Medical News*, Dec. 16, 1883), will remember the sensation created among manufacturing pharmacists by the report of the *Medical News* Commission of an investigation it made of the leading brands of quinine pills then on the market. This report called forth many rejoinders and explanations from manufacturers of the short weight pills, but it attained the result desired, viz: Raised the standard of quinine pills to what was claimed for them.

Take another illustration. The careful and accurate investigations of Prof. R. H. Chittenden, on the relative digestive power of various brands of pepsin (see *Medical News*, Feb. 16, 1889), have received widespread attention, and been of immense benefit in pointing out the truth as to the relative merits of the various brands of this widely used and extremely valuable remedial agent. The investigations in this case, as in many others, have shown the loudest vaunting and most positive assertions to be accompanied by the least intrinsic merit, and have given the profession the information needed to select a pure and active agent. Such investigations as those above indicated, made by scientific experts, in no way connected with manufacturing establishments, are of almost inestimable value; they are harbingers of truth, whose penetrating rays disperse much of the mist of sophistry and greed under whose cover many inferior or worthless remedies claim the highest excellence. They furnish the physician reliable data, enabling him to select the best remedy of its kind, thereby avoiding loss of time and subserving the best interests of his patients, and, he in turn, by concentrating his attention on a particular preparation, is able to make a more exhaustive study of its therapeutic effects, and may thereby make more definite our knowledge as to its efficacy and the indications for its use.

In conclusion, I would insist on the importance of the following propositions:

1. Every physician should: (a) Judiciously examine the evidence concerning different preparations, and select the *best*. (b) Indicate the brand on his R's and see that he gets that and no other. (c) Note carefully and systematically the results obtained by the treatment. (d) Report his results so that others will know exactly what preparation to use and how to use it.

2. Medical journals should designate the brands of remedies in all cases, and request their contributors to furnish this information in their formulæ.

3. Reports made by disinterested scientific experts as to the comparative

merits of different brands of the same remedy are of immense value in securing purity and a high grade of excellence of remedies, and should receive the hearty approval of all lovers of the truth.

CASE OF FOREIGN BODY IN THE LEFT BRONCHIAL TUBE :

EXPULSED DURING A VIOLENT FIT OF
COUGHING SOME SEVEN MONTHS
AFTER ITS ENTRANCE INTO
THE AIR-PASSAGES.

BY

CHAS. P. KING, M.D.,
NEWARK, O.

Foreign bodies, when carried into the air-passages, either by accident or otherwise, have always been considered by the careful surgeon as extremely hazardous to the life of the patient, and if not sooner or later removed must, of necessity, result in the ultimate death of the patient. When we remember how very intricate and delicate the anatomical structure of the larynx and trachea is, it is all the more surprising that there are not more deaths occurring from accidents of this kind. It is a statistical fact, however, that in very many, if not most, of these cases the foreign bodies remain in the air-passages for an indefinite period of time, and are finally expelled during a severe paroxysm of coughing, resulting in the recovery of the patient.

Modern surgeons, realizing how hazardous the operation of tracheotomy is, advise it only as a last resort in case of threatened suffocation, and where there is not a possibility of the foreign body being expelled spontaneously. Prof. Gross, in his great work on "Foreign Bodies in the Air-Passages," chronicles a great many wonderful and almost incredible cases, where foreign bodies have remained in the air-passages for months, and even years, and finally, in a paroxysm of violent coughing, have been expelled and the patients recovered. I call to mind one case where a boy at the age of three years swallowed a piece of bone, which nearly suffocated

him at the time, but which remained in the air-tubes and was not expelled until at the end of *sixty years*, resulting in complete recovery. He says there is hardly any substance, however singular or outre, that may not enter the air-passages and give rise to severe, if not fatal, mischief.

When a foreign body is retained for any considerable period, it either becomes encysted, and is thus rendered comparatively innocuous, or, as more generally happens, it sets up an irritation in the circumjacent parts, which in one case prepares the way for its expulsion, while in another it may produce such ravages as to ultimately destroy the patient.

In a tabulated statement of some twenty-one cases collected by Prof. Gross resulting in death without operation or expulsion of the foreign body, post-mortems showed that in eleven cases the substance was situated in the right bronchial tube, four in the larynx, three in the trachea, one partly in the trachea and partly in the larynx, one in the lung, and one in the right thoracic cavity. In not a single instance did it occupy the *left* bronchial tube.

In the case I am about to report the foreign body lodged in the left bronchial tube, and as the case is unique in its character I report it.

Mr. R., aged thirty years, a resident of this city, some time during the month of November, 1889, while performing a trick of slight-of-hand, introduced a piece of an old knitting-needle, blunt at both ends and some three and a half inches in length, into the left nostril, intending, as he says, to represent it as coming out of the back part of the head. As he passed the substance into his nostril it by some means or other slipped from his grasp and passed through the posterior naris down into the larynx, entered the trachea and lodged in the left bronchial tube. He was very much frightened at the time, but said he suffered but very little while the needle was passing down. Soon after he complained of a burning and heavy feeling in the chest, a sensation like needles running through him, as he expressed it. These symptoms, how-

ever, soon subsided, and aside from a little cough all bad symptoms passed away. He did not think it of very much importance and did not consult a physician for some time. In the course of a few days, however, he began to be troubled with a cough, with a mucopurulent expectoration; at times he felt distress when lying upon the left side; an occasional smothering sensation presented itself; he had night-sweats and a hectic flush, and began to lose flesh. He was advised to go to Columbus and have an operation performed, but thought that as long as he could attend to his business he would not have anything done, but leave the case to nature. This state of affairs continued for some time without any material change for the worse, except that he seemed to be losing flesh slowly, and at times his breathing was very difficult. There was an occasional acute pain in the lung, which would pass off and then return at intervals.

A few days since he came to my office and brought the foreign body, which he claims had been coughed up during a violent paroxysm of coughing. Upon examination I found it to be a piece of an old knitting-needle, very rusty, blunt at both ends, and measuring some three inches and a half in length. I auscultated and percussed the lung and found considerable dulness, with an occasional cavernous sound. He was troubled with a mucopurulent expectoration, with some dyspnoea. He complains of considerable soreness in the lung, but feels very much relieved since the foreign body was expelled. He says when he first coughed it up it was literally saturated with matter. From present indications, and I have examined him several times since, I am satisfied that he will eventually recover his health entirely.

It is surprising that a foreign substance of that size should have remained so long without causing more constitutional as well as local disturbance. And this involves a nice question, whether an operation would or would not have been advisable in this case. However, as the old saying is, "all is well that ends well." I think

he is extremely lucky in escaping with his life. Had it remained much longer without an operation or expulsion I am well satisfied that it would have proved fatal.

Query: Is the surgeon justified in not operating in such cases, or should he rely wholly upon nature to do the work? If not, why not?

I believe it is now considered good surgery *not* to interfere in these cases, except where life is in immediate jeopardy, preferring to trust to nature to expel the foreign body rather than submit to an operation which, at best, and however skillfully performed, often results in the death of the patient.

TENOTOMY TO INCREASE THE MOBILITY AND POWER OF THE MUSICIAN'S RING-FINGER. (1)

ADDITIONAL NOTES.

BY

F. W. LANGDON, M.D.,
CINCINNATI.

The following extracts from a letter received from the subject of the operation noted above, nearly five months after operation, are of interest:

"Have yet had no cause to regret the operation, but, on the contrary, have often felt very glad, indeed, that it was performed.

"I find that my hand does not grow tired as it did before, when I use the ring-finger a great deal; * * the benefits of the operation are manifold.

"When I make a trill on a keyed instrument with the ring-finger, the benefit is at once noticed. Not only is the ring-finger helped, but, of course, the middle and little fingers also.

"I can lift my fingers just about as high as when you measured them, but the strength is increased greatly."

1 LANCET-CLINIC, July 5, 1890, page 1.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in symptomatic diseases.

Society Reports.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of April 15, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

EDWARD S. STEVENS, M.D., Secretary.

Copaiva eruption.

DR. B. M. RICKETTS presented a patient with an erythematous eruption. The eruption appeared three days ago. The patient had been taking "C. M." for gonorrhœa. "C. M.," which probably means "Clap Mixture," is composed largely of balsam copaiva, with lavender and sweet spirits of nitre. He has a temperature of just 100°. The treatment was starch locally, with bromide of potash internally.

Herpes Zoster Lumbricalis.

DR. RICKETTS also presented a patient the subject of herpes zoster lumbricalis, partly because the subject was presented to the Society the previous week, and partly because the eruption is rarely found in this situation. The treatment employed was the thermocautery, with a protective dressing of starch or bismuth. He did not believe that constitutional treatment would do any good.

DR. MAX THORNER reported a case of

Cyst of the Epiglottis,

With presentation of the specimen. The patient was a lady of decided neurotic temperament, thirty-seven years of age, and had been sent to the speaker, about six months ago, by her attending physician for examination. Her complaint was that she felt a foreign body, bell-shaped, moving up and down her throat. Examination revealed in the right vallecula, originating from the epiglottis, a yellowish transparent tumor, the size of a small cherry. The same was touching constantly the back of the tongue, and producing the sensa-

tion of a foreign body. The removal was readily done with a laryngeal forceps; the sac of the cyst broke, however, and the contents escaped. Three months after this operation a recurrence had taken place. This time the tumor was much larger, measuring about one inch in length and three-eighths of an inch in diameter, and could readily be seen by depressing the tongue. The loop of a steel wire snare was put around the tumor near its base and then tightened, care being taken not to cut through the sac. Hereupon, after twisting the snare-holder a few times around its axis, forcible traction removed the cyst at its base. The latter was not cauterized. No recurrence in three months.

Cholecystotomy.

DR. E. RICKETTS spoke of a woman upon whom he had operated some time ago for gall-stones. He had just been consulted by a brother of this lady who has had a recent history of gall-stones. The relationship of the patients, and the nearness of the attacks, is of interest. An operation may become necessary in this case at some future time.

The Rib-Cutter.

DR. N. P. DANDRIDGE presented a new instrument, first suggested by Dr. Dennison, of Denver. The speaker had used it but once. The past winter he had had four cases in which the pleura required drainage. The first was one of acute pleurisy. After fourteen or fifteen days he had to be tapped. The pus was so foul that he advised permanent drainage. A second tapping was necessary, and then before any other operation could be done the patient died. The other cases were operated upon for permanent drainage. One of these was a boy who in thirty days showed evidence of pus. Two small tubes were introduced into the pleural cavity. The first one was removed and the second one accidentally dropped out. In a short time his temperature went up, and he determined to remove a section of the rib. This is the case in which the instrument was used. A small piece—one-half inch—was re-

moved, and the cavity collapsed readily. He was satisfied as to the value of this instrument.

DISCUSSION.

DR. WM. CARSON spoke in this connection of the differentiation between pleurisy with effusion and solidified lung tissue. He spoke of a case in one of the Hospital wards who had been ill for several weeks. He had symptoms of pleuro-pneumonia. There was complete dulness, and a very feeble respiratory sound. He directed that a hypodermic needle be used to ascertain the presence of fluid, but the result was negative. Next day the patient died. He had expectorated a very offensive matter. It suggested a rupture. A post-mortem examination showed no fluid, but complete consolidation. There were some adhesions. Some of us have known of similar symptoms being present, a serious operation done, and nothing in the way of fluid found. In this case there was no cavity, and no destruction of tissue to account for the discharge of pus.

DR. LEONARD FREEMAN said that in Billroth's clinic the method of doing the operation is to remove sections of several ribs, increasing the size of the section from above downward. This permits the collapse of the walls, without which cure does not take place. He does not recommend much washing out of the cavity. The speaker had examined a number of specimens of pleuritic fluid, and had found the pneumo-coccus.

Trephining for Epilepsy.

DR. B. M. RICKETTS presented a man, thirty years of age, who, while defending some women about three years ago, was struck with a revolver over the head. The next day he had a convulsion. His mother described them as "fainty spells." The aura was quite noticeable. The case came under the speaker's observation seven weeks ago. He had been under the care of Dr. Rover at the German Protestant Hospital. Five weeks ago the operation was done. The question had come up in the minds of several physicians who had had charge of him at different times of the advisability of trephining.

There was no depression, but the patient wanted to take the benefit of the doubt. The patient's head was shaved, the incision was made and two discs of bone were removed, the very dense scar being the guide for trephining. A few days after the operation the patient's temperature went up. The wound was opened and a quantity of pus let out, when the temperature dropped again. Two weeks later he had a slight convulsion, lasting but a few minutes. In the past week he has had six attacks, and in the past three weeks twelve attacks. He comes out of them rational. He formerly had as many as eight in one day.

DR. STEVENS spoke of the cause of the epilepsy in this case as determining the probable result of the operation. Was the blow from the revolver the cause of the epilepsy, was it the exciting cause, or was it simply a coincidence? To show the man's mental and nervous make-up, he spoke of the following points in the patient's personal and family history: The man himself had been a masturbator; his father was an habitual drunkard, and his mother subject to hysteria.

DR. JOS. EICHBERG presented two pathological specimens.

I. Cancer of the Liver and Pylorus.

The first was from an old man found unconscious and brought to the Hospital in the patrol wagon. From twelve to nineteen ounces of urine were drawn, in which albumen was found. He complained of no pain upon recovering consciousness; there was no vomiting. He died soon after admission. A post-mortem examination showed an enlarged cancerous liver, and the pylorus involved and adherent to the liver and pancreas.

II. Surgical Kidney: Two Calculi in the Pelvis.

A woman, a hard drinker, had been on a spree for a long time. She had a chill, which was repeated on the third day. A systolic murmur was found. She complained of having been struck, and her arm was bruised. Her pulse

was pretty good. She died of exhaustion. A post-mortem examination showed a purulent peritonitis from the bursting of a cyst in the surgical kidney. In the pelvis of the kidney were two stones. There was also a purulent pleurisy. Although the heart murmur was distinctly audible, the examination showed perfectly healthy valves.

DISCUSSION.

DR. O. P. HOLT: The cancer in the first case proved microscopically to be of the soft or encephaloid variety.

DR. E. RICKETTS recalled a case reported some time previously by himself. There was evidence of kidney trouble. In this case he was at a loss to account for the purulent peritonitis. A rent was found through which fluid had been poured out into the peritoneal cavity.

Hystero-Epilepsy in a Young Man.

DR. WM. CARSON reported this case. The patient had been healthy as a boy. Three and one-half years ago, while in Colorado, he was accidentally shot. It is not known as to the penetration of the ball. Last year he had a strife with a college mate. A convulsion of a half-hour's duration recurred at 6 o'clock p.m. daily for five days. They ceased then for twelve days. He was apparently healthy; not demonstrative. He speaks of regular sexual indulgence. Examination of the organs was negative. He does not see well with one eye. One attack was preceded by blindness. During the paroxysm the aura commences near the old wound, and when it has reached the head he must lie down or fall. He does not scream. There is some subsultus. He warns the boy who did the shooting, or the one with whom he was fighting. He then goes into a quiet sleep. There are epileptoid movements. There were a few attacks without the aura. The two points of injury were examined, but they furnished no rational explanation of the convulsions. There is no hereditary or family history of neurosis. The treatment has been the compound tincture of iodine locally. He had Dr. Dandridge apply the actual cautery.

Isolation and separation from his family was advised, to deliver him from the atmosphere of sympathy. His age was about seventeen.

DR. N. P. DANDRIDGE had applied the cautery in this case to the zone of the aura. A slight application was made six to eight times. He thought himself benefitted by the applications. He had attacks after three or four applications had been made. There was no effect in ameliorating the symptoms.

WALNUT HILLS' MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of May 14, 1890.

Present: Drs. Caldwell, Thrasher, Cross, Poole, Fitzpatrick, Dodd, Hall, Langdon, Lowry and R. C. Jones.

DR. THRASHER read a paper on

Sore Throat of Reflex Origin
(see p. 63).

DISCUSSION.

DR. FITZPATRICK said the subject of nasal neuroses was an interesting one, not only to specialists but also to general practitioners. He mentioned an interesting case of a young lady who consulted him as to whether her throat would stand vocal training. The middle turbinated bones were drawn down and impinging on the lower. He removed the impinging part and the sore throat and cough subsided. In another case of neuralgia of the tongue he removed a spur from one of the turbinated bones and the neuralgia subsided.

DR. DODD mentioned a case of abrasion of the external ear associated with reflex symptoms of the throat. Every time the ear was touched there ensued an attack of coughing.

DR. HALL asked whether it was not possible to have reflex symptoms from a pus-tube in the pelvis. About a year ago he was asked to see a lady who had been in bed five months with hysteria. She had undergone a variety of treatments without result. There was paresis of the right side, inability to feed herself, severe pains in the head. She

had had two attacks of peritonitis. A diagnosis of pus-tubes in the pelvis was made. An operation was performed and the tubes removed, one containing three and one-half ounces and the other an ounce and a half of pus. The patient returned home, well, in six weeks.

DR. FITZPATRICK also mentioned a patient who, every time he had sexual intercourse, had a violent attack of sneezing. He probably had a marked lesion of the nose.

DR. CALDWELL called attention to the reflex irritation of the nose in children affected with worms. He had seen several children who habitually picked their noses, and had administered san-tonine, causing lumbricoid worms to be passed, and the child to cease picking the nose.

DR. THRASHER considered the explanation possible but not probable; we see almost as many children picking the nose who have no entozoa as those who have. As a rule, lesions of the nose do not affect the eye-sight, but occasionally they do, there being occasional sore eyes due to reflexes from inflammation of the posterior and middle turbinated bones. He saw no reason why an irritation in one part of the body should not be reflected to the most sensitive organs. A great deal of the disease of the nasal cavities is caused by a deviated septum. Spurs often occur and catch irritating particles in the atmosphere.

CANCER OF THE LARYNX.

1. An intrinsic cancer, localized, with no enlargement of the lymphatics, should be operated upon as soon as its malignant character is determined.

2. An extrinsic cancer with enlargement of the lymphatics should not be operated upon.

3. Intrinsic cancers of the larynx are less likely to infect the system than extrinsic cancers.

4. Intrinsic cancers produce death by interfering with respiration; extrinsic cancers by general infection, but more especially by interfering with nutrition.—JOHNSON, *Four. Am. Med. Assn.*, April 19, 1890.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of April 21, 1890.

The President, C. D. PALMER, M.D., in the Chair.

JAMES M. FRENCH, M.D., Secretary.

DR. B. M. RICKETTS presented a case of

Extensive Nævus in a Child Three Months Old.

He stated that three or four days after the birth of the infant a small red spot developed in the skin of the left cheek, and that it had developed rapidly into the present condition, covering the surface of the entire left side of the face and extending back behind the ear upon the scalp. He presented it because it was a rather rare form of the affection. For the last three weeks its growth has been very rapid. The speaker thought nothing could be done for the condition. There was no history of specific disease in the child's history, or any other cause for the disease so far as he could discover; and there was no reason to consider it anything but an ordinary nævus. The cause of such formations is always very obscure, and nothing positive can be stated.

The speaker also presented a case of

Lithotomy in a Boy of Six Years.

The boy at first complained of painful micturition, then of pain in the abdomen and glans penis. The speaker performed a left lateral lithotomy, removing a calculus measuring about one-half to three-fourths of an inch in circumference and about one-eighth of an inch in thickness. The pain suffered by the little patient had been excruciating. When asked to locate the pain he placed his hand on the abdomen and grasped the glans penis. The sound demonstrated the presence of a calculus.

DISCUSSION.

DR. JOSEPH RANSOHOFF remarked that the lithotomy case was an interesting one, in view of the small size of the stone removed and the large size of the boy. Left lateral lithotomy is not at-

tended with a very great deal of danger in children, but there is one danger in lateral lithotomy which might be avoided by the median operation. The lateral operation endangers the ejaculatory duct. One ejaculatory duct is doubtless sufficient, and the taking away of one would in all probability do no harm; yet we must take the world as it is. This boy may, a few years hence, contract a gonorrhœa, and as a result of that he may have an epididymitis of the right side, destroying the activity of that side, and the boy would therefore become sterile. The speaker would not, however, have made any stricture upon the operation if it were not for the fact that the stone was a very small one, which could have easily been removed by the median operation. This is a very easy operation, a safe one, and one which ought to receive more attention than it has.

With reference to the case of nævus, the speaker had not seen a case which had developed so rapidly as had this one. He had seen this little girl about three weeks ago, and was given the same history as had been narrated by the reporter. At that time the growth had been quiescent for about two or three weeks, but had begun to develop very rapidly. There are very many of these capillary nævi which disappear entirely after being present for a few weeks or a few months. There are also cases in which the growth appears and disappears at certain times or seasons. He had recently had an opportunity to observe one of these marks, which would entirely disappear during the winter months, to reappear in the spring, thus continuing for several years, but finally disappearing.

The appearance of the case before us this evening leads to the suspicion that it may be malignant in character. It looks almost as though it is soft granulation tissue, and the rapidity of its growth would indicate the presence of sarcomatous disease. Of course, the general health of the little patient would not point to this possibility. The speaker had made an attempt to turn up the eyelid to see if there was a bulb, but had not been able to deter-

mine whether the eye was present or not.

DR. B. M. RICKETTS remarked that the case of nævus had very much the appearance of a sarcomatous growth. It is almost impossible, he added, to manipulate the lid without causing hemorrhage, and it is very easy to cause bleeding all over the face and forehead. He thought the physical condition of the patient hardly so good as it appeared, as its pulse is very much more rapid than it should be. The child is beginning to lose flesh and strength. It nurses, however, and takes plenty of milk, but it is becoming very restless, and sleeps very little.

As to the left median operation for stone, the speaker said that the boy was five and a half years old when he first saw him. When he made the first examination the bladder was very much distended. He introduced a grooved director, and the urine escaped freely in great quantity. He got the click of the stone, but he was not certain as to its size. It is true that, if we know the size of the stone in small boys, the median operation is preferable, but here it was not possible, unless to a very few, to determine the size of the stone, and therefore he could not decide which was the preferable operation. He thought the left lateral would be the most desirable and give the boy more chances of life, and the result proved the plausibility of such an operation under the circumstances. He has surely made a rapid recovery, without fever or other untoward symptoms.

A Case of Pleurisy.

DR. JAMES T. WHITTAKER reported the case of a gentleman of sixty-three years, a sample of vigor apparently—erect, weighing 160 pounds, and of good history. The patient presented himself about a week ago, complaining that he was suffering from a bad cold; he felt stiff about the hips and had some pains in the loins and back. The speaker thought it a cold, but took his temperature, and found it 100°. He prescribed salol, in doses of five grs. every two hours. He saw him occasionally through the week, with the same history, and

had him continue the salol alternately with quinine. The patient awoke Saturday morning, day before yesterday, and said he felt well; he took breakfast with his family. At the table he was seized suddenly with a severe pain in the chest, about the region of the heart. Dr. Stewart, who happened to be in the neighborhood, was summoned, and ordered the patient to bed, supposing the case, from the severity and locality of the pain, was one of angina pectoris. He gave him a few drops of nitro-glycerine. When the speaker reached him, about ten o'clock of that morning, he was still suffering severe pain; his features were distorted; his respiration was about 30; his pulse 120; temperature, 102° . He localized the pain more diffusely over the lower lobe of the right lung. The speaker found bronchial breathing behind the left scapula, and muffled respiration over the rest of the lung, with general dullness in that region. He looked upon it as a case of pleuro-pneumonia. He gave him a hypodermatic injection of morphia, and enveloped the chest in flannels wrung out of hot water. He stayed with him an hour without securing for him any real relief. He then prescribed Dover's powders in three gr. doses, every two or three hours, as he did not like to repeat the morphia so soon. In the evening he had still severe pain, and with each breath a convulsive movement of the body. This, the speaker was inclined to consider a nervous manifestation, though he showed the pain even during a conversation on subjects in which he became thoroughly interested. During his stay, of over an hour, the speaker gave him another hypodermatic injection of morphia; and upon leaving, gave orders that if the pain did not cease in an hour, he should be given six grains of Dover's powder. A few minutes after midnight he was called, and sent Dr. Stewart; but before he had started, another message came from the nurse that something must be done soon to relieve the pain. When Dr. Stewart reached him he found him suffering as though no effect had been produced by the opiates. He deemed it prudent to wait an hour, and

then gave him an eighth of a grain. After this the patient had some relief, and dozed for a few minutes. At five o'clock a.m. the speaker was again summoned. Dr. Stewart had in the meantime repeated the drop doses of nitro-glycerine. The patient then fell into a condition of stupor, from which it was impossible to arouse him. Death occurred at twelve m.

During the attack he had passed urine, which was stated to have been clear. In the evening some urine was drawn off, and it was found that the bladder contained about half a pint of thick bloody urine, containing an abundance of albumen. It was therefore thought that the case was one of acute uremia, which had supervened upon the pneumonia. A post-mortem examination was requested and granted. It was found upon opening the chest that the lower lobe of the left lung was thoroughly infiltrated with blood, and beginning to be solidified. There was a considerable quantity of sero-pus in the pleural cavity. The heart seemed normal. The kidneys, which are here presented, were distinctly blood-red; one of them somewhat increased in size, with some punctate hemorrhages in it. The consistency is less doughy than natural, and the color is darker than normal. The speaker would have a microscopic examination made to determine whether it was a simple hyperæmia or an acute parenchymatous nephritis. The exudation into the chest cavity appeared as though there had existed a pleurisy for some time before the development of the pneumonia.

Pleurisy is indeed a disease which often exists without other manifestations than a shortness of breath upon increase of exercise, and general failure of health and strength. This patient complained of nothing but symptoms of a bad cold, and several days later the manifestations of pleuro-pneumonia developed. The speaker thought it a case of commencing empyema from the pleurisy, when the pneumonia developed suddenly. The diffuse redness of the pleura might explain the convulsive movement of the body in breathing as a diaphragmatic pleuritis, and the stupor

and coma into which the patient fell could be considered an attack of acute uræmia.

DISCUSSION.

DR. W. E. KIELY desired to confirm the remarks of Dr. Whittaker, with reference to latent pleurisy, and in this connection referred to a case which he had previously reported to the Academy, in which he had drawn off by aspiration over one hundred ounces of fluid from a case which presented no subjective indications of its presence beyond a slight pain in the side of the chest. The speaker thought the pleuritic disease might bear a close relation to the kidney disease, which had been found to exist post-mortem.

DR. WHITTAKER asked Dr. Kiely whether he thought any of these cases were purulent from the inception, and how early the fluid becomes purulent.

DR. KIELY replied that in preparing a paper which he had some time ago read before the Academy, he had been at much pains to investigate this question, but had been unfortunate, in that he could find nothing definite on the subject. He was inclined to think, however, that a latent pleurisy will undergo purulent transformation a great deal more quickly in some constitutions than we are likely to suppose. He could recall a case of empyema which developed from a case of subacute pleurisy in about ten days from its inception. The case subsequently died from phthisis, so-called; but he thought that it was probably a case of pyæmia. It is a well known fact that an individual suffering from kidney disease is liable to pleurisy or pneumonia. The case reported this evening may have had for some time a slight pleuritic accumulation. In conclusion the speaker recited a case of a physician who was attacked with a pleurisy, which in two weeks became purulent. He was a well-developed man, healthy, and without history of tuberculosis, but he died of the disease in a short time.

DR. JOSEPH RANSOHOFF desired to speak of the case only from a surgical standpoint; he was very well convinced from what he had seen of effusions into the pleura, that from the very inception

these fluids were intended to be serous or purulent in character; and he thought that the effusions which are serous and remain for any length of time serous, are tubercular in nature. In his experience, the cases of empyema which have developed from serous effusions, have developed very rapidly indeed; so that from the inception it would indicate that the effusion was to be purulent in character. He recalled a case which he had seen on the seventh or eighth day from the beginning, which he had reported to the Academy a number of years ago, in connection with a report on incision into the chest and drainage. In this case it could not be a question of latent pleurisy, because it was a boy in good health and jolly, never had been ill; had never had fever, and had no history of tuberculosis in the family history except in a remote branch. It was an empyema from the start. What he had seen in this boy he had seen in a number of other cases of the kind.

Most cases of empyema are empyema from the start. There is something, either the presence of pus-formers or some other influence which determines the character of the case from the beginning. The speaker thought it probable that special germs might be cultivated from the fluid withdrawn in these cases which would show the presence of pus-formers. On the other hand there can be no question at all that cases of serous effusion are sometimes, in the course of it, changed into purulent effusions. We all know that we repeatedly tap cases in which the fluid is serous, but at a subsequent tapping we withdraw pus. These cases are accounted for on the supposition that pus-formers are introduced into the chest by the aspirator needle. But there is another reason: It has been shown, I believe, that cases of serous effusion very often have a tubercular deposit in the apex of the lung, or elsewhere in the lungs. These are of course the gravest forms of pleurisy. But the tubercle bacillus does not of itself produce suppuration or pus, but we must have in addition a pus-former introduced.

The speaker thought that in every

case he had seen where the pus had been detected within the first or second week, the case invariably began with very severe pain; and in every case the diagnosis of pneumonia fitted the case far better than that of acute pleurisy. Only after the fourth or fifth day did the dulness of a pneumonic lung give way to the flatness of a pleural effusion.

DR. WHITTAKER, in closing the discussion, remarked that the prognosis of pleurisy had changed a great deal within the last few years, since it has become known that the tubercle bacillus is not nearly so often the cause of the disease as is the pneumococcus. Only five or six years ago we were taught that pleurisy depended pretty much always upon tuberculosis. This was due to the fact where we seldom make a post-mortem that we do not find evidences of tuberculosis at some period in the lungs. The fate of an individual having a pleurisy depending upon tuberculosis is quite different from that of an individual whose pleurisy is caused by the pneumococcus. This pneumococcus is assuming great importance nowadays, since we find it to be the cause of so many diseases; among them middle ear trouble, meningitis, and pleurisy.

While it is true that pneumonia and pleurisy may co-exist, it is also true that either may exist independent of the other. As frequent as pain is in pneumonia, it is still true that the pain does not belong to the pneumonia. There is no pain associated with these lung troubles; pain universally proceeds from the pleura. Therefore it is a characteristic feature of pleurisy that pain shall exist. Pain is the principal element in the diagnosis of pleurisy, in a child especially. The lung may be filled with the exudation of pneumonia without pain, and there may be a latent pleurisy without pain, the disease manifesting itself only in a failure of health and strength and shortness of breath.

In the case he had reported, the speaker did not offer other than a hypothetical explanation for the nervous manifestations of the disease. He could not remember to have seen in such a case so great a resistance to morphia.

It is possible, however, that the commencing uremia which we assume to exist in this case, would account for the severity of the pain, and perhaps also for the peculiar convulsive manifestations which attended the case.

ASTASIA AND ABASIA.

Blocq, one of Charcot's pupils, published in 1888, an extensive treatise, describing in detail a condition in which the patient is unable to stand or to walk in the normal way, the examination at the same time not showing any disturbance in sensibility, diminution in muscular power, or incoördination in the movement of the lower extremities. Dr. Levy (*Centralblatt f. klin. Medicin*, Feb. 22, 1890.) describes under this name, a case observed in the polyclinic of Prof. Mendel, which possessed the same features, and then considers generally the complex of symptoms present in the cases collected by Blocq, of which eleven have so far been published.

The beginning of the affection is in most cases sudden, caused by great excitement or a slight trauma; in some it develops gradually, the patient not being able to assign any cause. The affection is always confined to the associated muscular action involved in standing or walking. Abnormal incoördinatory movements are not present when sitting or laying down. Motor force and the so-called muscular sense are intact. The patient performs with force and precision, all movements that are asked of him. As other symptoms of hysteria are almost always present, and as the course of the disease—sudden development and disappearance, mild recurrence—implies hysteria, it seems justifiable to take this diseased condition as a symptom of hysteria, the cause of which is not an organic but a functional disturbance.

After mentioning the different diagnostic mistakes possible, the author finally refers to the treatment of hysterical astasia and abasia as a purely psychical one, often requiring weeks and months to accomplish the desired result.—*Occidental Med. Times*.

Selections.

ARNICA IN LARYNGEAL FATIGUE.

By laryngeal fatigue is meant an exhausted condition of the laryngeal muscles, which may be temporary or more or less permanent, and presents itself only in a certain series of cases (Dr. Isaac Barton, in *Med. Bulletin*). It certainly has not been given the attention it deserves, and it is far more frequent than we have any idea of. The individuals who suffer from laryngeal fatigue are nearly all professional singers, or, at least, those who make constant use of the voice, such as preachers, public speakers, auctioneers, etc. The professional singer will complain of a huskiness of only certain notes in his or her compass, and these notes are usually grouped together. The notes complained of are usually in the upper third of the compass of the vocalist, the alto and bass voices being affected correspondingly as the soprano and tenor voices are. These notes are usually two or three in number, but some will complain of having only one note affected, and on this note they will "break" while singing. The trouble is due entirely to muscular fatigue from overwork of the laryngeal muscles. We frequently find professional solo-singers giving a history of two, three and sometimes six months' duration of the trouble. When the certain note or notes became "raspy," these alone remain so—all others in the singing compass remaining normal—by reason of the laryngeal muscles being fatigued, and refusing to place the vocal bands in certain positions to produce the given number of vibrations for the note or notes complained of. Preachers, lawyers, etc., will complain of a constant huskiness of the speaking voice. When examining the patient with the laryngoscope, it is necessary that we should have them vocalize, slowly and with care, the ascending and chromatic scale until we find on which note or notes the trouble is visible. When we are able to get a view of the interior of the larynx under favorable circumstances, we find it nor-

mal, with the exception of a slight congestion of the ventricular bands, and a somewhat discolored condition of the anterior portion of the vocal bands. As the patient in vocalizing reaches the note or notes affected, the anterior free edges of the vocal bands become congested, and, indeed, often livid in color, and as these notes are passed the color will fade. Sometimes we find the membrane of the ventricular bands to be somewhat dry in character, and the patient will complain of coughing and expelling small pellets of mucus. Seldom any other complication is noticed in these cases. At a meeting of the British Laryngological Association, Mr. Kenneth Millican, M. R. C. S., called attention to the internal use of the tincture of arnica in laryngeal fatigue. Dr. Barton has placed a large number of cases upon this treatment, in private as well as in hospital practice, and has found much success from it. Local treatment, he says, is of no service except where we find thickening or ulceration of the membrane of the larynx. He gave three drops of the tincture of arnica in a small quantity of water three times a day. The erysipelatous kind of rash which he found the treatment was apt to induce in some persons, will not occur if the tincture is made, as it always should be, from the root instead of the leaves of the plant.

—*N. Y. Med. Times.*

PATHOGENIC SPOROZOA.

The Sporozoa are unicellular organisms, wholly parasitic, and distinguishable into the four orders, Gregarinidia, Sarcosporidia, Myxosporidia, and Microsporidia. The Gregarinidia are well known for their parasitism upon insects. For the most part unicellular, they multiply by conjugation, whereby the two united cells are transformed into a single cyst, in which the protoplasm becomes segmented and finally converted into a vast number of ovoid spores, or "pseudo-navicellæ," each spore being encased in a resistant shell. The spore itself gives rise to two or more "germs," which are capable of some activity, and have been observed to penetrate into

the intestinal epithelium of the insect which has taken up the spores. We have here on a small scale the alternation between a free and a stationary existence which marks so many of the higher parasites. The Sarcosporidia are usually found in the muscular tissues of vertebrates, and although it has not been proved that their presence gives rise to any symptoms, it is quite possible that some cases of "polymyositis" described by Unverricht may be due to an invasion of the parasite. In the muscle they are contained in tubes, as globular cysts, of which the most developed enclose "germs" similar to those forming in the "spores" of gregarines. The Myxosporidia occur on the skin and mucous membranes of aquatic vertebrata; their spores are furnished with projectile threads. The Microsporidia have spores so small as to have been mistaken for bacteria. They invade the tissues of insects, and to them is owing the silkworm disease pebrine, which has caused such ravages in silk culture.

The best known forms of this class which occur as parasites in the human subject are the coccidia, which are so common in the liver of the rabbit. In man they have been met with in that and other organs, and doubtless would be more often found if their presence were generally recognized. Professor Wright records how Steinhaus has described one form as invading the nuclei of the intestinal epithelium of the salamander, and Podwysoski another which invades the nuclei of the cells of the human liver, causing their destruction and inducing a kind of cirrhosis. It is here that we touch upon the potential importance of these lowly parasites. That they attack the cells and their nuclei, and thus may lead to important lesions of nutrition, is indeed a fact of wide bearing. Hence it is not surprising to find the singular affection "molluscum contagiosum" referred to their agency, while an explanation is afforded of the peculiar "molluscum corpuscle" which has hitherto been hard to find. The coccidia are described as invading the cells of the rete mucosum, replacing the cell protoplasm and sporulating within the cell, forming six to ten re-

fractile bodies, which by mutual pressure convert the remains of the invaded cell around the coccidium cyst into the "molluscum corpuscle." Still more interesting are the observations of Darier, who has demonstrated that acne cornea is really a "psorospermosis follicularis," and has further declared that Paget's disease of the nipple is characterized by the presence of coccidia in the deeper cell-layers. A like interpretation has been placed upon the familiar contents of the cell-nests of epithelioma, and Dr. MacCallum of the Toronto Histological Department showed Professor Wright four years ago "sporulating cysts in epithelioma, and suggested the parasitic origin of the disease." Of course, it may be said that there has yet been advanced but little proof that the bodies described in these cutaneous affections, and in cancer, are really what they are claimed to be, and not, as they have hitherto been regarded, merely the products of degenerative change in the cells. If it were possible to cultivate the sporozoa, as can be done with vegetable parasites, the question might soon be settled. However, the more that is made out concerning the behavior of the gregarine in the insect, and its allies in other and higher forms of host, the more strong will be the argument derived from analogy. It has thus been shown that these parasites can and do attack the cell-elements, and hence it is not difficult to believe that even in the perverted cell changes of cancer they may take a part. The search for a bacillary parasite in cancer has proved delusive. Is it altogether visionary to anticipate that there may one day be found good evidence of a parasite of the class we are considering being at the root of this baffling group of diseases? Attention must be more and more given to cell parasitism and its effects. The remarkable researches upon the blood in malaria by many observers have shown that the blood itself may be the seat of amœboid or infusorial forms of animal life, which are very probably directly related to the disease in which they occur. Only the other day no less an authority than Professor Klebs described similar forms in the blood of influenza

subjects. In point of fact, pathology is now being dominated by parasitism, and disease is becoming more and more the resultant of an internecine warfare between the minutest forms of life and the constituent cells of the higher organism. In the end, of course, the dead tissues become the seat of the fermentative action of bacteria. During life it depends largely on the inherent vitality of the cells whether they do not succumb to the living forces that so constantly beset them. There is, however, a vast field still open for search in this direction, and many a cherished theory may yet have to fall before the stern facts of science, whose only aim is the setting forth of truth.—*The Lancet*.

OBSERVATIONS ON RHEUMATOID ARTHRITIS.

Dr. Kasanli has published an account of some microscopical observations he has made on the morbid changes of the various structures of the knee-joint which accompany old age, with the view of comparing these changes with those occurring in rheumatoid arthritis, or arthritis deformans, as this affection is frequently called. The morbid changes found in the synovial membrane were most marked in the adventitia, and consisted in hyperplasia of the cellular elements and the development of connective tissue in the adventitia, together with thickening of the walls of the capillaries lying beneath the intima synovialis, also in a varicose enlargement of the capillaries, in separation of adipose tissue in the synovial membrane, and in splitting of the adventitia into fibres. In the cartilages the cellular elements were found to be undergoing fatty degeneration, and the interstitial substance to have broken up into fibres, and to have become infiltrated with certain saline matters. In the spongy portion of the epiphysis of the femur the trabeculæ had become very thin, and cavities had been formed by the absorption of the osseous substance of lamellæ, into which the bone near the cartilaginous covering had split up. In the medulla of the bone there was a marked deficiency of medullary

elements, the small vessels were affected by a varicose enlargement, and their walls were thickened. These changes, which occur normally in the knee-joint in old persons, are, according to Dr. Kasanli, very similar to those found in rheumatoid arthritis.—*The Lancet*.

PATHOLOGY OF DELIRIUM TREMENS.

In a discussion on this subject before the Royal Society of Surgeons, at Vienna, Professor Meynert said, that delirium tremens was generally the result of a slow and chronic poisoning of the organism by alcohol, although it may also be produced by loss of blood, injuries of different kinds, fright, grief, etc. Belonging to the dementia group of mental diseases, it may be located in the cortex, though operating deeper than simple dementia.

Delirium tremens is usually extremely regular in its course and duration, presenting two stages, one of anxiety, succeeded rapidly by one of hallucination. In the first period the patient is a prey to an intense delirium of persecution, in which the danger threatening the individual is immediate. Thus, the patient afraid of being killed by thieves tries to escape the impending danger by committing suicide. This period of anguish, lasting about three days, is then followed by one to which groping hallucinations and a variety of pursuing spectra are peculiar. Sometimes the hallucinations are tactile, the patient thinking that he holds in his hands various objects as iron, glass, etc., or they may be hallucinations of sight. The latter are most frequently the vision of small objects, as mice, rats, beetles, horrible little spectres, hobgoblins, etc., or these may be wanting and the patient sees instead great troops of elephants, bands of soldiers leaping over a wall and approaching him.

Skoda attributed these hallucinations to skotomata, or shadows. They are, however, better explained by the fact that the poisoned blood acts continually on the nerve centres, and keeps awake the notions of detail stored up in

the cerebrum, though there may be other factors present. It is well known that a normal eye can see its own circulation when the gaze is held steadily on smooth colored surface, which phenomenon Helmholtz explained by supposing the fixing of the eye produced a congestion of capillary blood-vessels irritating the retina and making a lasting impression, which under ordinary circumstances is not heeded, as it passes off so quickly. Hallucination of smell and taste are frequent; the patients complain of perceiving bad odors, or of their food having a detestable taste. The hallucinations of hearing are more marked than those of sight; the patient hears abusive epithets, reproaches, obscene propositions, etc.; there are multiple voices, and every word is a menace.—*Journal of Nervous and Mental Diseases.*

SENILE DYSURIA.

In a recent number of the *Lyon Medical*, Dr. Mollière describes a form of dysuria in elderly men frequently confounded with that resulting from hypertrophy of the prostate, but differing from it in its symptomatology and pathology, and demanding a form of treatment essentially different.

The clinical picture is that of an elderly man, who, after some indiscretion in his diet, has become suddenly and absolutely unable to micturate. His bladder is distended, he suffers much pain, but he has no fever. For some time previous to this attack he has had an imperious desire to urinate much more frequently than before, especially when he passed from a condition of relative repose to one of activity. Rectal examination causes a great deal of pain and usually gives no information, but sometimes a large, diffuse tumefaction may be felt in the region of the prostate.

When there is hypertrophy of the prostate, one of the first signs is a dribbling of the urine night and day; much urine is occasionally voided, but the bladder is never wholly emptied, and there is no pain. The urine stagnates in the bladder and cystitis develops, but phlebitis is much less imminent

than in the condition now being considered, where an infectious phlebitis may be developed with frightful rapidity.

The lesion in this form is a hæmorrhoidal condition of the veins of the vesico-prostatic plexus, caused by a mode of life which has rendered the urine peculiarly irritating, and by constipation; similar at all points to inflamed hæmorrhoids, which obstruct the passage of the urine. Dr. Mollière anticipates anatomical objections to this view, and declares that the veins in the small pelvis of old men present so many anomalies by reason of their pathological dilations as to render their system an inextricable puzzle.

The causes of the pain which these patients suffer he considers to be the distension of the bladder, the irritating quality of the urine, and the tenesmus. The irritating quality of the urine is the chief of these. In essential polyuria, where the urethra and bladder are healthy, the quantity of watery urine is so enormous and so suddenly secreted that there is a paralysis of the bladder with lowering of its neck, causing retention, but these patients do not complain of any pain, though the distended bladder can be felt and explored without trouble. The tenesmus resembles that experienced by patients suffering from calculus.

In senile dysuria catheterism is dangerous and should be performed only under conditions of absolute asepsis with soft and pliable instruments incapable of producing abrasions. When it is not easy, above all, when it draws a little blood, it should be abandoned and suprapubic aspiration of the bladder substituted. Often the flow of urine will be re-established on the following day, and the patients should be placed on a regimen calculated to produce a non-irritating character in the urine. If cystitis is present, as catheterism is so dangerous, copious draughts are advised, which, by their quantity or by the active principles they contain, shall cause a flushing of the bladder. When catheterism is easy and not painful, an infected bladder may be successfully washed out in addition to this hygienic

treatment. Tenesmus is controlled by subcutaneous injections of morphine. In some cases the infectious phenomena and sharp pains are such that operative procedures are at once called for.

—*N. Y. Med. Journal.*

INFLAMMATION OF BONES OF TYPHOID ORIGIN.

Hr. Fürbinger introduced this subject at the recent Congress of Medicine. He remarked that the subject had never been regularly treated in any work, and that in treatises on typhoid the subject only came in for treatment as a complication, but it had been well described abroad, and especially by French writers. In 1885 Freund gave an account of the literature of the subject, and reported five cases of his own. In the next year seventeen cases observed by other authors followed, amongst which were eight by Ebermaier, who was the first to furnish proof that the affection owed its origin to the typhoid bacillus. The disease consisted in longer or shorter, slighter or heavier, attacks of periostitis and osteomyelitis of a suppurative, or non-suppurative form. The attacks befall the most varied parts of the bony structure. A careful examination of the recorded cases shows that a large number of the cases described must be excluded from the category of typhoid ositis. The author had only observed the disease five times in 1,600 cases of typhoid fever. The most remarkable case was that of a boy seventeen-and-one-half years old, in whom, in the course of four months, seven outbreaks of the disease attacked ten different parts of the bony system. The boy recovered, and indeed began to mend from the day on which the crisis of an attack of influenza occurred, the only good deed, the author remarks, he had ever witnessed from the miserable *grippe*. The other four cases were observed in the hospital Friedrichshain, two boys aged twelve, a man aged twenty-one, and a woman aged twenty-five. The last patient showed a pyæmic temperature curve, with rigors, although suppuration never took place. Disease of the ribs awakened suspicion of a

hepatic abscess. Recovery took place in this case also, although the patient was at one time as good as given up. In the third case the trochanter and ischium were chiefly affected, the diagnosis as marked on the note of admission being coxitis. In the fourth case the skull was the part affected in a rather severe but evanescent manner. The fifth patient died after cessation of the osteomyelitis from hæmatopyopneumothorax, in consequence of bursting of a necrotic collection in the lungs. The author preferred the term osteoperiostitis, as a separation of the ositis from the periostitis was not possible. His cases confirmed the view of Ebermaier that the typhoid bacilli wandered from the medulla of bones to the periosteum. As regards symptomatology, he remarked quite striking exacerbations of pain, and the frequency of the occurrence of the disease without suppuration. Some of the suppuration cases were due to sepsis, scrofulous tendencies, advanced disease, and possibly improper treatment. Regression took place as in syphilis, but the typhoid did not so completely disappear as in that disease.—*Med. Press and Circular.*

LYMPHATICS OF THE PENIS.

Drs. Horovity and Zeissl reported the results of their experiments carried out in the Vienna Institute of Prof. Toldt, with a view to establishing a clear understanding on the anatomical lymphatics of the penis. Agreeing with many of their predecessors they divide the vessels into a superficial and a deep. The superficial, numbering about four or six, lie subcutaneously immediately over the tunica albuginea or the white fibrous covering of the corpora cavernosa, ending in the lymphatics of the groin, and originating at the frænulum and cutaneous raphe of the penis. But the assertion that all the superficial vessels converge to one trunk at the pubis, is not confirmed, as they only found one case that could sustain this opinion out of forty-eight experiments with injections of Berlin blue on the cadaver. The deep lymphatics, however, are somewhat complicated. They lie with the

vena dorsalis *under* the tunica albuginea, and ended in one case under the suspensory ligament; another time it gave a branch to the glands of the groin; another to the glands under Poupart's ligament, but most to the lymphatics of the pelvis. Any poison from the glans will pass direct into the glands of the pelvis without affecting the glands of the groin. They describe a lymphatic vessel not hitherto recorded, coming from the vas deferens, which they prove by injections into the median line of the scrotum. These accompany the vas deferens along the posterior part of the bladder, and finally wind outwards to the lymphatics lying on the inner wall of the pelvis, where they end on the external iliac vein. In ten cases operated on it was found present every time. *No branch was traced from the vesiculae seminales.*—*Med. Press and Circular.*

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The arrangements for the program and the meeting of the Mississippi Valley Medical Association are progressing nicely. A meeting of the Officers and Ex-Presidents was held at St. Louis, and plans formulated. Dr. Frank Woodbury, of Philadelphia, will read a paper. A number of representative medical men of the Missouri Valley have promised to read papers and take part in discussion. The following gentlemen from Cincinnati are to read: Drs. Reamy, Ricketts, Ransohoff, Comegys, Palmer, Thrasher, McKee, Ryan, White, Long, Dowling, Collum, Whittaker and Ellis. Dr. John A. Wyeth, of New York, will deliver an address. The meeting will occur at Louisville, Ky., Oct. 8, 9, 10, 1890. Gentlemen having papers to read, or desiring information, please address the Secretary, Dr. E. S. McKee, Cincinnati. The American Rhinological Association will also meet at the same place the same week, viz: Oct. 6, 7, 8, 1890.


To fumigate a room, slowly pour vinegar on a hot iron shovel. The doors and windows should be open.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

TERMS, \$3.50 PER ANNUM IN ADVANCE.

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DR. J. C. CULBERTSON,
EDITOR AND PUBLISHER,
199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, July 19, 1890.

The Week.

THE SANITARY CONDITION OF CINCINNATI.

Never in its municipal history has there been such an unsanitary condition of this city as the present, from which may be traced the unnecessary deaths of some hundreds of person, mainly helpless and innocent children.

Time and again have we proclaimed the danger that inevitably threatened the people and their commercial prosperity through a mistaken public policy that was being pursued.

Last winter the matter was plainly laid before the State Board of Health, but on account of the parsimonious, niggardly appropriation allowed by the Legislature the Board lacked means to make an investigation, even for information, because there was not then an existing epidemic disease in our midst. However, the gravity of the situation was fully explained to the Board, and that in our strongest language.

In like manner we presented the case to the several members of the Hamilton county delegation in the Legislature.

Respectful attention was given to our little say on the subject, but nothing actively was done to ward off the calamity that was impending and which is now upon us with fatal force.

We referred to the absolute necessity for a new water-works system for the efficient supply of the city with an abundant amount of a reasonably pure water, and how to the veriest tyro this necessity could be shown; that the present pumping-station is very badly located, that the machinery was antiquated and expensive in its working, and that, beyond all other things, an abundant supply of water was an absolute necessity to health and strength. Attention was directed to the ease and economy of locating the new works on the Kentucky side of the river,—where there is the greatest freedom from contamination, and where the bluffs are contiguous to the water's edge, and on top of which there are large and beautiful sites for reservoir purposes,—and the practicability of building an iron viaduct to this side that would not cost one-fifth, or perhaps one-tenth, of the amount that would be required to lay lines of pipe across the Little Miami River and ten or twelve miles to the bluffs on the Ohio side.

However, if this comparatively low-priced plan is not acceptable to the authorities, we say, in the name of all that is good and holy, give us new and capacious works on this side with the long pipe lines. A couple of emergency lines of pipe should at once be laid across the Newport Bridge, connecting with the Newport and Covington works.

We have long known that the people were sadly deluded in regard to the capacity of the present works, which was wholly attributable to the officers in charge. This may be prac-

tically illustrated and shown by reference to the action taken some three years ago, when one of the adjacent villages made application to the City Council for a supply of water from the city water-works. On that occasion the engineer repeatedly asserted to the Council that there was not only a surplus of water for such disposal, but that there was sufficient machinery in the pumping-station to continue that surplus for ten or more years, and urged the Council to pass the ordinance entering upon this contract. The President of the Board of Public Affairs concurred in these statements, but he did so on account of his entire faith in the engineer. Relying upon the integrity and supposed knowledge of these gentlemen, Council was induced to pass the ordinance. The engineer's reward for his urging the village contract was soon made manifest by his receiving an appointment from the village aforesaid, that was a sinecure with a comfortable salary attachment. The engineer claimed this to be just, as he had the privilege of so acting from his superiors in the Board of Public Affairs. We can only say this placed the Board in the mire along with himself. Nor are the village officers blameless in their attempt to obtain a contract by the use of such means. The people of this village are now among the greatest sufferers from the city water famine, and are crying aloud for a merciful dispensation of water. The village is not worse off than very many thousands of people that live in crowded barracks and tenement houses, where a supply of water is life itself, and its deficiency is death and desolation. The great difference is the poor people complacently accept the situation as one of their inevitable misfortunes, while the villagers' hearts are unstrung because of their unflushed

sewers and house attachments, which are productive causes of sickness and death.

The engineer of the water-works under the Board of Public Affairs would not heed the expressed voice of the people when he determined upon the construction of a pumping-station in the Park adjacent to the Art Museum. For this and other cogent reasons a change of party authority was brought about, and the Board of Public Improvements was substituted for the Board of Public Affairs. This involved a change of hydraulic engineers. Unfortunately, the new Board had no comprehension whatever of the serious gravity of the water-works situation, and appointed as their engineer a man who had but little practical knowledge of the kind of machinery that was placed in his charge; hence his gross inefficiency and incapability. This was supplemented by the discharge of much of the mechanic force that was familiar with the weaknesses of the old pumps, and the employment of new men; and, again, an unfortunate selection of an expert to supplement the shown inefficiency of the engineer. If ever there was a man who acted in bad faith with a people, it was this same supplementary expert.

A primary result of all this mismanagement is a water famine, that has been the direct and indirect cause of much sickness and many deaths, and secondarily a great financial loss to many merchants and manufacturers, and finally a serious inconvenience to the entire population of a great city. That the present engineer has personally felt his incompetence, there can be no question; this he has endeavored to overcome by extreme personal vigilance, until his health has suffered, and perhaps permanently.

We think we have reason to believe the former engineer would possibly have tided the city through this emergency, but his utter disregard of the will of the people, if for no other reason, unfitted him for the place, while his successor, who is now in charge, has shown such a lack of knowledge and professional skill as to make it long ago criminal in him to further hold on to the place he is so palpably unfit to fill. His reputation as a skilled hydraulic engineer is not now and never has been at stake, for neither his profession nor the public ever knew him in that capacity, or knew that he had any training or education in that direction.

The Board of Public Improvements is even more culpable than their engineer, for, in the face of disaster and death, the Board shows an inability to meet the demands of this dire occasion, and does not know enough to know that they are bringing upon themselves maledictions long, and loud, and deep.

Would they know where the imprecations come from? Let them consult the death list in the health office and have read to them the list of preventable diseases, many of which are due to the present lack of water. Then let them visit the merchants and manufacturers that have meters in their places of business, and they will not have long to wait for some very emphatic expressions over the water works situation.

The Commercial Club has taken the matter in hand and appointed a committee to make an investigation in the interests of the city. We hope the committee will do their work thoroughly and well, and if there is culpable negligence in any quarter, show it up in the glare of the noonday sun, and prosecute the offender to the end, showing that while partisan politics are a

necessity in a republican form of government, party rewards must not assume a shape, that will, in any manner, jeopardize the health and prosperity of the people.

We have been requested to call a meeting of the medical profession for the purpose of showing the people and our municipal officers the influences that are affecting the public health. We have said that such a meeting might be made the means of doing harm, as well as good, for we have a very vivid remembrance of the court house riot, which focussed from an indignation meeting held in the Music Hall, and that was called and addressed by some of our most honored and reputable citizens. The people are in a very inflamed state of mind, and there is no water to pour on the inflammation.

We think it prudent and wise to advise against public meetings of this nature, but we would have the Board of Public Improvements and their engineer know that such suggestions are in the air.

THE Alvarenga Prize of the College of Physicians of Philadelphia, consisting of one year's income of the bequest of the late Senor Alvarenga, of Lisbon, has been awarded to Dr. R. W. Philip, of the Victoria Dispensary for Consumption and Diseases of the Chest, Edinburgh, for his Essay on Pulmonary Tuberculosis, which will be published by the College.

THE Cincinnati Gravure Co., Nos. 4 and 5 Main St., have issued a very excellent copy of Rembrandt's painting, "The Anatomical Lecture." Correspond with them for price.

SUBSCRIPTIONS to the *Lancet-Clinic* may be commenced from any date.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending July 11, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Group.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Deaths.	Cases.	Deaths.	
1.....	2				2							
2.....												
3.....												
4.....							1					
5.....							1					
6.....												
7.....	1						1	1		1	1	
8.....												
9.....									1			
10.....												
11.....												
12.....										2		
13.....	1						3					
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16.....	2											
17.....												
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24.....										1		
25.....			1									
26.....					1							
27.....												
28.....												
29.....												
30.....			1									
Cin. Hosp.												
Good Sam. Hosp.												
Totals	6		3		3		10	1	1	4	2	
Last week.	18		1	1	6		10	3	5	1	1	

The following is the mortality report for the week ending July 11, 1890.

Croup.....	2
Cholera Morbus.....	1
Cholera Infantum.....	14
Diphtheria.....	1
Diarrhœa.....	7
Enterocolitis.....	6
Septicæmia.....	2
Other Zymotic Diseases.....	4—37
Cancer.....	4
Consumption.....	9
Other Constitutional Diseases.....	2—15
Heat Prostration.....	4

Bright's Disease.....	2
Convulsions.....	10
Gastro-Enteritis.....	6
Heart Disease.....	8
Meningitis.....	8
Peritonitis.....	4
Pneumonia.....	5
Other Local Diseases.....	22-69
Deaths from Developmental Diseases.....	24
Deaths from Violence.....	10
Deaths from all causes.....	155
Annual rate per 1,000.....	24.8
Deaths under 1 year.....	77
Deaths under 5 years.....	83
Deaths for corresponding week of 1889....	130
Deaths for corresponding week of 1888....	168
Deaths for corresponding week of 1887....	165

J. W. PRENDERGAST, M.D.,
Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 35 cities and towns during the week ending July 11, 1890:

Diphtheria: Cincinnati, 10 cases, 1 death; Toledo, 6 cases, 3 deaths; Cleveland, 4 cases, 1 death; Dayton, 3 cases, 1 death; Defiance, 3 cases; Ada, Youngstown and Columbus, each 2 cases; Millford, 1 case.

Scarlet Fever: Cleveland, 7 cases, 1 death; Toledo, 5 cases; Cincinnati, Lorain and Chicago, each 3 cases; Defiance, 2 cases; Salem, Sandusky and Springfield, each 1 case.

Typhoid Fever: Celina, 8 cases; Cleveland, 6 cases, 3 deaths; Mt. Vernon, 3 cases; Springfield, Crestline and Chester Hill, each 1 case; Cincinnati, 1 death; Toledo, 1 death.

Whooping-Cough: Lorain, 4 cases; Cincinnati, 3 cases; Mt. Vernon, 2 cases.

Measles: Cincinnati, 6 cases; Felicity, 5 cases, Youngstown, 1 case; Salem, 1 case.

The following towns report no infectious diseases present: Arcanum, Beverly, Chillicothe, Fostoria, Geneva, Ironton, Kent, Navarra, New Richmond, West Alexandria, Oak Harbor, Smithville, Springboro, Wabash Township, Wooster, West Mentor.

C. O. PROBST, M.D., Secretary.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

Bibliography.

TERMINOLOGIA MEDICA POLYGLOTTA: A Concise International Dictionary of Medical Terms.

Compiled by THEODORE MAXWELL, M.D., etc. London: J. A. Churchill. Philadelphia: P. Blakiston Son & Co. For sale by Robert Clarke & Co.

The labor of preparing such a work as this is enormous, but when completed, it is to the author, writer and editor, a book of the greatest value, naturally taking its place on the same shelf or table with his reference dictionaries.

French is used as the key language, from which words and terms are translated into the Latin, English, German, Italian, Spanish and Russian. Much more might be said of this medical polyglot. No good library is complete without a copy.

PRACTICAL SANITARY AND ECONOMIC COOKING: Adapted to Persons of Moderate and Small Means.

By MRS. MARY HINMAN ABEL. Published by the American Public Health Association, 1890.

This little book is the famous Lomb Prize Essay. This announcement is sufficient to commend it to the entire medical profession, especially when informed that the committee to award the \$500.00 prize consisted of Drs. C. A. Lindsley, Geo. H. Rohé, V. C. Vaughan, and Ellen H. Richards and Emma C. G. Polson, who unite "in commending the volume to the public, believing it to be an unequalled work upon practical sanitary and economic cooking, adapted to persons of moderate and small means." This is our own belief. The cost of the book is only 40 cents, which places it within the reach of every family. Physicians will do a good thing in commending it to the families in which they are called to attend. We all know that good cooking is an important aid to the medicine administered. This little book is a good thing for any doctor to peruse.

REDUCED rates are *only* for those who pay *in advance*.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

NOT HIS MOTHER-IN-LAW.—A young married man of Castel Boyac, hearing the history of the Cataleptic of Beaujon, who had slept three months without waking, exclaimed: "My heavens doctor! You say she slept for three months? Pray give my mother-in-law the catalepsy."

* * *

THE INCONVENIENCES OF HAVING TEETH.

Although, at all times, it's been claimed
There's nothing like good teeth,
Yet of my mouth I am ashamed,
On account of the fangs beneath.
With teeth had Adam not been born,
No apple would he have crammed.
We'd still see Eden's rosy morn
In place of being damned.

The teeth of which the lover boasts,
For which each beauty longs.
"The teeth," each dentist banquet toasts,
And poets praise in songs;
Alas! from childhood's earliest hour,
E'en 'till we're old and gray,
The teeth will ache at sweet or sour,
Smell rotten and decay.

Sharp teeth the treacherous serpent hath,
They poison one to death.
One best beware of a lion's mouth,
And avoid a mad dog's breath.
Ah! pray good God preserve us all
From the bite of an angry man;
From the cat that nips with a catterwaul,
From the rat that gnaws when it can.
—[Extract from Desaugier's "Des Dents."

* * *

THE MODERN APOTHECARY. — A man has much to do with the destiny of man. For instance, call a person an apothecary and he immediately imagines himself a doctor and scholar. True, he reads the prescription, but knows no more of the classics than a hog does of Latin. The Parisian apothecary usually retires at the end of twelve years with a fortune of 200,000 francs and a social position built on cough

syrup. In Moliere's time it took thirty years to make a reputation, but the fashion has changed. If one goes to Paris and wants cough syrup, he is in the position of Buridan's mule, which was placed between a bundle of hay and one of oats; he does not know which to take by preference. Each of the several hundred of Parisian apothecaries has a different practical remedy, and all are infallible. They have crocodile hearts and mother-in-law affection, these pharmacal princes, and make Parisian bankers turn green with envy at their profits. They are charlatans of the first class, and establish large agencies for their goods in Rio Janeiro and New York. The Parisian apothecary keeps poor cigars and cheap liquors, which he vends at enormous profits. He is an expert on electro-magnetic brushes that remove not only rheumatism, but the skin also. The Parisian apothecary claims to know more and knows less than any mortal in the gay capital. He is the personification of ignorance, and the embodiment of self-conceit, his counterpart being found no where else in the world.

* * *

ONE ON THE DENTIST.—A man suffered terribly from toothache in two teeth, and visited a dental office. He demanded of the operator the price for pulling teeth, and the latter told him ten francs for the first and five francs for the second. "Very well," said the victim of odontalgia, "you can pull the second one. I will have the other extracted some other day."

* * *

RURAL MEDICINE.—Patient—"Yes, I feel very badly doctor."

Physician—"Your stools are good?"

Patient—"Stools? What are stools?"

Physician—"You know very well what stools are."

Patient (*doubtfully*)—"Well, perhaps, but I have not tasted them."

* * *

TALLEYRAND'S WIT.—M. de Talleyrand having sent to seek M., a very celebrated but grasping financier, was informed that the party desired had gone to take the waters of Bareges.

"Ah!" cried Talleyrand, "it is just like him; he takes everything!"

THOUGHTS AND REFLECTIONS.—Dr. Grellety once remarked: That woman is made to suffer and endure. Man is made to be endured.

A truly philosophical physician must know how to support the pains of life—in others.

During young manhood wine mounts to one's head; in later life it descends to the feet.

When one marries a doctress, he must be very fond of taking medicine.

The powder that has killed most men is the face powder of the Boulevards.

PROFOUND MELANCHOLY.—Dr. A. is one of our most profound surgeons, and the victim of constant melancholy of late, from hypochondria. "It is astonishing," said he one day to a friend, "I am always sad and have no taste for any kind of amusement. Why, do you know that I no longer experience pleasure at cutting off arms and legs? I tell you, sir, my mind is not in its normal condition."

CHEERING.—An old military surgeon, retired to civil practice, said to one of his clients on whom he was about to operate: "My friend, perhaps it is my duty to console you, for, permit me to remark that I would not be in your place for fifty thousand francs. So do not be alarmed."

LETTER OF A RHEUMATIC SUBJECT.—Guess what it is, my friend? It comes the quickest of anything in the world, and disappears most slowly of all maladies. In it you touch closer to convalescence and remain further off from health. When hope is nearest it is most distant. Can you not guess it, my child? It is rheumatism; the most painful and wearisome disease in all the world.

ON OBESITY.—Brillat Savarin remarked: "If I had been a doctor with a diploma I should have been the author of a monograph, and had for clients the

best half of humanity—the jolly fat men. The study of every woman is to have *embonpoint*—neither too much nor too little."

BROCA'S REMARKS.—I should rather be a transformed monkey than a degenerate Adam.

There are two questions to examine in homeopathy: the theory of Hahnemann, which is absurd; and the practice, which is duplicity.

The gratitude of patients for their physician, I know all about. It is a part of their disease. It declares itself with the fever. It is milder in convalescence. Health cures the thing always, except in rare instances.

TWO EPITAPHS AT BORDEAUX CEMETERY.

"A *flatulent* colic carried off our Sylric young and fair.
Christians, it is hard to prove that life is only air."

"Here is one who died of dropsy, resting 'neath this shrine,
Strange his belly was full of water when he ne'er drank ought but wine."

MAXIMS OF DOCTORS.—Blandin says: "The gynecologist is the speculator of the speculum."

Bretteau once remarked: "The physician's purse is like a church collection bag, where the rich drop what they wish, the poor what they are able to afford."

Veron states that "rubbing of the hands is more often the symptom of itch than of contentment."

Witkowski thinks "The shortest road to the hospital is the one traveled by literary men."

Ricord noted: "*A propos* to preparations of gold, that certain practitioners substituted it for mercury for affections, all things being equal, it produced better effects administered by the patient to the physician than by the physician to the patient."

REMEDY FOR TARDY GESTATION.—Madam X. had been pregnant over nine months and was impatient at the delay of her labor. "My son is lazy," said

she petulantly to one of her friends. "He will not be born. What shall I do for him?" The friend smilingly replied: "Better swallow a school teacher!"

* * *

THE TYPE OF IDEAL BEAUTY.

R

Take the *hair* of a woman of the Ganges.
 The *nose* of a Greek.
 The *mouth* of the English.
 The *complexion* of a German.
 The *height* of a Norwegian.
 The *feet* of a Chinese woman.
 The *teeth* of an African.
 The *arm* of a Belgian.
 The *legs* of an Italian girl.
 The *eyes* of a Spaniard.
 The *grace* of a Frenchman,
 And you will have an American beauty.

[Max O'Rell.]

* * *

THE SICK MISER.—A very avaricious fellow who was seriously ill said to his physician: "Doctor, how can I live for three weeks without eating?" and the medical man replied: "The fever will nourish you." Whereupon the patient, rising up in bed exclaimed;

"I hope to the Lord I will give it to the servants if it is nourishing."

* * *

CYANOSIS NOT ALWAYS A FATAL SIGN.—Dr. I. was called to see a patient. "Ah! Madam!" cried he, turning to the suffering wife, "you have called me to late. Your husband is already lost. His hands are blue." The woman, unalarmed, only smiled and replied: "Good, sir, but my husband is a dyer!" The doctor hesitated for a moment and said: "Well! well! What luck! If your husband was not a dyer, he would die with those hands."

* * *

AT THE HOSPITAL.—Dr. P. made his usual morning visit when a patient said in a hoarse voice: "Doctor, what can I do? I suffer greatly. My throat is so sore that I cannot spit." To which the physician answered: "Don't swallow it, my boy, I never do. It is not polite. John, give this patient a *cuspidor*."

* * *

[TO BE CONTINUED.]

The Acutely Ill.

When a patient is acutely ill, the digestive powers share in the general condition, and consequently the food supplied should be of the most easily assimilable character. The predigestion of starchy matters outside the body, as in MELLIN'S FOOD, is necessary, and the soluble carbohydrates of which this food consists, soluble because predigested, form the true food of the acutely ill.—J. MILNER FOTHERGILL, M.D., Edin.

A sample of MELLIN'S FOOD will be sent to any physician, free of expense, upon application.

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Addresses.

ALUMNAL ADDRESS.

Delivered at the Annual Meeting of the
Alumni of the Medical College of Ohio,
March 6, 1890,

BY

A. HOELTGE, M.D.,
CLASS OF 1860.

*Mr. President and Members of the Alumni
Association:*

When notified by the executive committee that I was expected to address this meeting, I was at a loss what subject to choose. Coming together as we do annually, to grasp each others hands and extend a mutual greeting as old friends, it would be out of place to consider a scientific subject on such an occasion.

Our thoughts naturally run back to the time when we, like our young friends about to enter our ranks, had reached that goal for which we had worked for years. With wonder and pride can we look back to contemplate the scientific progress made during the last third of a century. The greater facility and accuracy in diagnosis of to-day, owing to the discovery of instruments of precision. The better understanding of pathological lesions, hence a more rational and successful mode of treatment. But, above all, the discovery of specific causes of diseases by means of the microscope, of which we were formerly in the dark; and, although, no remedy has yet been discovered to destroy or remove these causes, we know now that many diseases can be prevented by proper precaution, and before long the remedies for their cure will be discovered.

But it is not our intention to-day to

consider our profession from its scientific aspect, but the changes, if there are any, in our professional and social relations to each other and the general public. In order to do this, it is well to let our memory carry us back to the time when we were ushered into our profession and compare the same with the present. Being a member of the class of 1860, the events of those days have naturally impressed themselves on my mind, and I will endeavor to give a short description of them.

With pride, reverence and gratitude, we recall to our memory the Faculty of that year. The fame and reputation of several members of the same has reached beyond the confines of this country as authors, operators, and lecturers. But we old boys love to recall them also, as our friends, whose interest in us was not surrendered with the granting of our diplomas, but who were always ready afterwards to assist us with kind counsels and deeds. With only a few exceptions, they have gone to the unknown country, but their names are engraved in the grateful memory of their pupils and friends. The Faculty consisted of the following members: L. M. Lawson, G. C. Blackman, James Graham, Geo. Mendenhall, Jessie Judkins, E. Williams, Thomas Wood, E. Foote, Wm. Clendenin, all dead; those still living are: C. G. Comegys, John A. Murphy, and B. F. Richardson.

This Faculty had the now exploded notion, which they impressed on the minds of the students, that the study of medicine was weighty enough, without being ballasted with gold medals, hundred dollar prizes, and gynæcological, obstetrical and amputating cases of instruments, which are all very useful to a beginner, especially the amputating case.

Being either of an economical turn of mind, or having the old absurd notion of it being more dignified, not to make any public display, the commencement was held in this lecture room. The stage, so to speak, was enlarged by throwing open the room, which was then the chemical laboratory, separated from the lecture room by two large blackboards, giving a background of bottles, chemical and physical apparatus, such as air pumps, primitive galvanic and faradic batteries, etc., all covered with dust and cobwebs, so that those coming early, before the faculty had entered, were involuntarily transferred in mind to the first scene in "Faust," and expected every moment to see Dr. Faust with a skull in his hand come to the center, saying in despair:

Da steh ich nun, ich armer Thor!
Und bin so klug, als wie zuvor;
Heisse Magister, heisse Doktor gar,
Und ziehe schon an die zehen Jahr,
Herauf, herab und quer und krumm,
Meine Schüler an der Nase herum.

The usual brass band, however, was not wanting; in fact, a commencement of a medical college was never known to take place without it, and it is doubtful whether a diploma would be of practical value which has not been received with the brass accompaniment. Well, as stated, the band was there, but stationed somewhere hidden from the eyes of the audience; whether it was for want of room or better acoustics and dramatic effects, has never been found out. Enough to say, it was hidden, and its effects so grand that an enthusiastic graduate of that class declares to this day, that when Richard Wagner built his grand opera house in Bayreuth, he borrowed the idea of placing his orchestra out of view of the audience, from this occasion. The result of the examination of the candidates would never be known to any one except those called to the green room, who then knew that they stood, if at all, very shaky. In fact, it was asserted that the result of the examination was such a profound secret that the Faculty itself did not know of it.

The commencement had been very modestly advertized, in order that only

those immediately interested would pay any attention to it. The successful candidates having gathered in the old museum, were marched to the inspiring strains of that hidden brass band to this lecture room, and seated in alphabetical order on the three lower tiers nearest the improvised stage, the Faculty with the President of the Board of Trustees having previously taken their seats. When the brass band had ceased tooting, the eminent Divine who had been invited for that purpose, showered the customary blessings on the Faculty, candidates, and all who had any connection with the institution. Following the usual statements of the Dean, the venerable President of the Trustees addressed at length the candidates from manuscript, in Latin, of which they understood about as much as the venerable President himself. The diplomas were then delivered to the candidates, and if any of them had, like Oliver Twist, asked for more, in the shape of a prize, he would have received the same official rebuke as that worthy did from the parochial Beadle, and if any of the friends of the candidates would have had the audacity to present flowers, or even applauded, when the names of their friends were called, the "Major domo," in the person of Mr. Duffy, would have conducted the offender to the pavement below; for it was he who had to uphold the dignity of this solemn occasion. Then followed the customary valedictory, in which the new-fledged doctors were given the old fossilized advice, that, as they would not at first be overcrowded with patients, they should spend their time in continuing their studies, which they had only begun. Then followed the usual closing exercise, benediction, etc., and the new doctors went home with the parchment in their hands, tied with blue ribbon, signed, sealed and delivered.

As this man Duffy was such an important character in the old College, and received the students when coming unsophisticated to the city, and who dismissed them with his Irish, "God bless you," it will perhaps not be without interest to give a short description

of him. Mr. Duffy was a man past middle age; tall, erect, with rotund features, cleanly shaved once a week; his neck enclosed in a standing collar, not remarkable for stiffness or cleanliness, but harmonizing well with his surroundings; dressed in a long coat, and above all, in the absence of an official badge when on duty, he would never appear without a plug hat on; in fact it is impossible to imagine him without it, and as this hat had been doing duty during Mr. Duffy's long term of service in this institution, it was of a rather ancient mould, and the owner claimed it to be of the same age as his conjugal happiness with Mrs. Duffy, and as its appearance indicated, it had been a party to any little misunderstanding between these two worthies.

On such an occasion as the annual commencement exercises, Mr. Duffy was in his element of official dignity; his whole department was in keeping with the solemn occasion, and he had that smiling, but dignified expression in his features, which showed that everything went off to his entire satisfaction.

It was always supposed that the very life of the college depended on the presence of Mr. Duffy in the institution, but tradition has it that finally a difference of opinion occurred between him and the Faculty in regard to the relative value of diluted oxygen, in the form of pure air, and sulphuretted hydrogen, carbonic acid, and other gases for respiratory purposes. Mr. Duffy, who had allowed these latter gases to accumulate in the building, maintained, in advance of his time, that these had a curative influence on the lungs, which theory was later confirmed by Dr. Bergeon; the only difference between these two great men was in the method of introducing them into the system. Duffy had them inhaled by the lungs and passed by the rectum, while Bergeon injected them in the rectum, and had them exhaled by the lungs. Well, Mr. Duffy, like all great men in high positions, rather than sacrifice his conviction, handed in his resignation and retired to private life. But it came true, as he had predicted, that he should not

survive in any other atmosphere than that of the college very long.

Next to Mr. Duffy, in fact his right hand man, without whom the institution could not be carried on, was old man Cunningham. It will, perhaps, be remembered that in those days it was a felony in the state of Ohio to take away a corpse from any cemetery, but the Potter's field was looked upon as a privileged place. As old Cunny had to supply nearly all the medical schools in this city with material, this source was insufficient to give him that opportunity; hence during the sessions of these institutions, he could no more pass a private burying ground at night, when he knew a fresh stiff was there, than a fox can pass a hen roost. This, of course, brought him in frequent conflict with the public authorities, but he always escaped with a nominal fine, or altogether. But, unfortunately, the shotgun policy was adopted by the guardians of the cities of the dead, and in consequence old Cunny's hide resembled very much that of a convalescent patient with confluent smallpox; besides, some good marksman lodged an ounce of solid lead in his hip-joint, which lamed him for life. In day time he was as meek-looking an express driver as any other of that craft; but when darkness came on he showed his nature, and, although it is not known that he burked his father and mother, to sell them to the college, he was generally avoided in lonely places, even by the medical students, for fear of compelling them to serve science before they were fully prepared. Old Cunny lived and died in the faith of resurrection, and this college cared for his immortality by giving him, or what remained of him, the highest place in the temple of science or museum.

Twenty-nine years after the event described, Dr. Daniels of this city, a graduate of the class above referred to, while walking one afternoon in the latter part of February along Elm Street, past the Odeon, noticed a man standing in front of the entrance examining very closely, a show-bill which had been placed there. The man's facial expression was so comical that Dr. Daniels

stopped to watch him. The country man, for such he appeared to be, took out his glasses, looked, then took them off again, wiped them with his handkerchief, then wiped his eyes, replaced the glasses, looked again, knit his eyebrows, shook his head, then raised his eyebrows until they were almost hidden under the brim of his slouch hat, and all his actions seemed to express that what he saw was a very dangerous business. By this time Dr. Daniels thought he recognized in this man his old friend and fellow interne of the old Commercial Hospital. He walked up to him and said: "Is not your name Dr. Sargent?" The old fellow took off his glasses, turned half around, and with an emphasis, replied: "No, sir! and moreover, I am not as green as you take me to be." He supposed Dr. Daniels to be a confidence man. The latter apologized, saying that he had taken him for a friend and fellow student of some thirty years ago. The country man pricked his ears, replaced his glasses, looked at Dr. Daniels, and with a smile on his face, said: "Old boy, I believe you are right, I am Dr. Sargent; and I now recognize my friend Daniels," and shaking him vigorously by the hand, added: "Well, well, old fellow, I am so glad to have met you." Dr. Daniels, putting a dozen questions to him as what he had been doing all these years, where he was located, etc., Dr. Sargent commenced to relate his experience. "You remember after we served our year in the old Commercial, I opened an office here in this city. The war breaking out, I obtained a commission as assistant surgeon, served during the war, and was mustered out as surgeon. I had saved quite a little sum, on which I went to Europe to study. I stayed a year, and on my return things had changed, for Horace Greely had just taken out a patent on that celebrated advice of his, and everybody was buying Greely hats to go West. Having some money left, I followed suit, bought a hat, and went with the current. I drifted as far as Doddsville, in Kansas, then a mere hamlet, where I concluded to stay. I bought corner lots and grew up with the town, and you know what

a large place it is now. I have a good practice, publish a medical journal, and we are about to start a medical college, and it is this that brought me to Cincinnati. Starting out this afternoon to see the city, I drifted up this way to see your Music Hall, of which I have read so much. I saw this poster stuck up, and wanting to go to some kind of a show to-night, I don't care what, a circus, variety, or any other kind of a show. I looked at this bill, which might give me some information, but, great Cæsar! I couldn't believe my eyes. Why it advertises the commencement exercises of the Porkopolatoin Medical College, and I noticed similar bills posted on every old fence and dead wall in the city; but paid no attention to them until now." "Well, my dear fellow," answered Dr. Daniels, "we do up things differently than we did when you were here;" and with an expression of great satisfaction and pride he drew out of his pocket an illuminated and handsomely engraved card, with programme attached. "Just see here; these are sent to all the friends of the professors and candidates for graduation." Dr. Sargent exclaimed: "Have the doctors in Cincinnati got to advertising?" "No, not directly," his friend replied, "that is, openly; but if we can do a little on the sly, or somebody else does it for us, as, for instance, in confinement cases or interviews by reporters, we don't object in the least. And why should we hide our light under a bushel?" This answer surprised the honest and conscientious Western man, and he replied: "That is true, for the feeble light of a tallow dip, even when mounted on a brass candlestick, is only supported by the atmosphere of ignorance and pretention, and if you exclude these by the bushel of professional propriety it will soon die for want of support; while a bright light will penetrate these boundaries, and, like the incandescent light, the better it is protected from these influences the brighter and more permanent it will shine." Dr. Daniels, being somewhat taken aback by this sally of his Western friend, replied: "Oh, then you have only the professional tallow dips

and electric lights in your Western city?" "Yes," his Western friend replied; "a fellow from Cincinnati came out there a few years ago and tried the gas racket, but it wouldn't work, for after six months' trial he left for a more congenial atmosphere—where he came from. But, changing the subject, as I told you, we are about to start a medical college in our city, and I came here to visit your colleges and hospitals, as I have learned that great changes have taken place since my time, and if you can spare the time I would like you to take me around." His friend promised to do so the next day.

The first institution the two friends visited was our own College. After having ascended the stairs he had so often trodden many years ago, his wonder and admiration had no end in regard to its enlarged arrangements and facilities for teaching modern medicine. The clinics being in session, the two old cronies happened to be in the waiting-room, where a mixed crowd of patients were assembled, waiting their turn to be called, when our Western friend noticed a group of men in an animated discussion. He approached them and overheard one of the men say that if taxes increased every year, as they had done in the past, he would have to raise the rent of his tenants, because real estate did not pay interest, when another chimed in: "But it pays better than if you invest in bonds, which only pay 3 to 4 per cent." The doctor, being surprised, asked them what brought them here; why they did not employ a private physician. They continued their complaint, saying that business was very dull, and, as they were always welcome here, they didn't see why they should go to that expense. Our Western friend asked one of the clinical teachers, who just happened to enter the room, if there was a scarcity of clinical material, and was informed, somewhat boastfully, that they could not use half of the patients who presented themselves. "In that case," said Dr. Sargent, "in justice to the younger members of the profession of this city, who are trying to make a living, you should exclude from your

clinics' real estate owners and coupon clippers." When leaving, he said to his companion that he could not understand how they could use all those patients for clinical purposes. "You remember, Prof. Graham would lecture in the college clinic on one case for half an hour with great interest to us all, and how we did enjoy it!" His companion, Dr. Daniels, reasoned with him, saying there were a number of clinics in different departments at the same time, and, of course, required a great deal more material than in our time. The Western doctor replied that accounted for so many young men, after graduating, setting themselves up as specialists, and who, for instance, as gynecologists, saw all diseases through the vaginal speculum, which department had become a very favorite study among the young doctors. "But what a wonderful improvement the old college has made, even from our modern standpoint, for, let me tell you, that three years ago I was in the East, and, of course, visited the colleges, and I haven't found a medical school better equipped than this one is to-day."

The two friends visited other colleges in this city with satisfaction to our Western friend, but he found the same fault with the others, that of treating patients gratis, who could, and would pay, if compelled to do so. By this time Dr. Sargent had become acquainted with a member of the Staff of the Cincinnati Hospital with whom he visited that institution. Of course, he knew of the fine hospital which the city had built in place of the old ramshackle Commercial Hospital, in which he had been a resident physician, but of the grandeur of its interior arrangements and appointments, he had had no conception.

There was only one thing he could not understand, and that was having young girls of eighteen to twenty years old as nurses in the male wards. "Why," he said; "when I went around with the visiting surgeon he was unable to examine several patients needing exposure on account of the young nurses. Beside, how can they lift, handle and clean these men? Why, in our time we

had male nurses, who could, in an emergency, take the place of a physician. For instance, you remember John Sauers, from whom we house surgeons learnt many little points, which, in after life, have been of great benefit to us in our practice. These young female nurses must be a great inconvenience to the attending physician or surgeon, disagreeable to the patients; and above all, the moral influence on these young girls must be fearful; it necessarily kills all the modesty and girlish innocence, if nothing worse. I understand that this new innovation has been introduced by a society of ladies, who have, with the co-operation of the Trustees, established a training school for nurses. Why do they not confine their operations on the female side of the house? Would these ladies allow their daughters or sisters to nurse males with loathsome diseases, or would they even allow them to come in contact with these female nurses after they have been in the male wards for a year or two? And yet these young girls are expected, when engaged, to be just as modest, womanly and virtuous, as their own daughters, and connected with respectable families. What induces these girls to follow this calling is one of those enigmas of nature impossible to explain; and all this is supported and authorized by the agents of the city. When I return to my Western home this will appear to me as a blot on this palatial and otherwise well appointed and managed institution."

"It seems to me," Dr. Daniels replied, "that you have come here only to point out, according to your notion, all the defects in our institutions." The old Western doctor said: "I told you when we first met, that as we wanted to establish a medical school in our place, (a hospital we have already), I came here to investigate your method for our guidance, and from that standpoint I made my critical inquiries. I visited also another and smaller hospital, which seems to be supported by a religious denomination; where I also found female nurses exclusively, but here the object seems to be of a different nature. Many, and in fact the great majority of the attending physicians are young men,

and they know that when these young women graduate from that training school and are broad cast, each and every one of them becomes an agent to sing the praises of the doctors, for no paper advertises so well as the woman's tongue. But for the sake of the patients, both of these institutions employing female nurses in the male wards should put trousers on these women."

The doctor continued: "For a year past, I have noticed in the *Journal of the American Medical Association*, and, of course, the official organ of our profession in this country, the advertisement of a polyclinic, a clinical school for post-graduates. Being a new enterprise, I felt, of course, a great desire to see its workings; and from its name and object of teaching post graduates, I supposed that the faculty, with the exception of five or six members, whom I knew by reputation, had been specially imported, as the names of the rest were unknown to me. When I arrived at the place I found a two-story house with a sign reaching across the whole front. Entering the front room on the first floor I found a number of women sitting, each having a baby on her lap. On inquiring for the professor I was requested to sit down, as he was in the next room and would be in presently. I did not have long to wait, for in a few minutes a young man came in, apparently about twenty-seven years of age, who told me, on introducing myself, that he was Professor Blank. I informed him of the object of my visit, namely, to go through the institution. I was told that he had nothing else to show me but these rooms. I asked where the lecture rooms were, and he said that they had no occasion for one, as students had not yet materialized, and the clinics were only for the benefit of the poor. On inquiring how the institution was kept up, I was told that each professor was assessed monthly for an equal share of the expenses. This is certainly the most self-sacrificing institution I have ever met. The doctors spending their time to treat people gratis, and paying monthly from \$15.00 to \$20.00 for the privilege of doing so.

Surely the millenium is near! Some malicious doctor up in that neighborhood told me it was nothing but a recruiting station for private hospitals and patients. I must say that if I had not seen the advertisement in our official organ, and had not known the reputation of some of the gentlemen connected with the clinics, I should have taken it for an institution advertized in the daily press under the head "medical." Judging by the great number of clinics, polyclinics and hospitals, besides Assistant Health Officers in the city, one would suppose that half of the inhabitants of Cincinnati were sick paupers; in fact it looks to me like a medical trust, and if they were paying, instead of consuming institutions, there would be danger of the English capitalists gobbling them up."

"It seems to me," Dr. Sargent continued, "that every young graduate locating in this city, if he has any social or financial backing, attaches himself to one or several of the clinics, polyclinics, hospitals or colleges, and instead of allowing the mental food he has taken in to quietly digest and assimilate, he acts as though his intellectual intestines were too short and he has to evacuate at short intervals to those who are willing to listen to him. But how those young men fare, who when leaving college have no means left, and are, perhaps, strangers here, but worthy, studious men, who wait in their offices for patients, when that part of the community, the middle and lower classes, on which they have to depend for a precarious support is cut off by these institutions, may be easily imagined. Even an occasional encouragement in the form of prescribing for a pauper is denied him. But understand me. I do not mean to say that the poor should not have the attention paid them in sickness the same as their more favored fellowmen, and I am confident there is not a medical man who would refuse to attend such patients. But what I object to is the encouragement of pauperism among the people, and thereby causing distress, privation and despair in our own rank."

Dr. Daniels then asked his friend if

he had been to the meetings of any of the medical societies. He replied: "Yes, I went to a meeting of the Queen City Medical Advance Society, and I found mostly young men in attendance, which at first surprised me. A young member was reading a paper on the bacteria found in teething children; quite an elaborate essay in which the proceedings of the French Academie were quoted, to the effect that the milk of tuberculous cows would show bacilli in abundance, and that milk as a diet was dangerous for children, as well as adults. Several of the younger members arose after the reading and expressed themselves as agreeing in every respect with the essayist, for if teething children did not carry around with them these bacilli, they would like to know who did. A middle-aged doctor, evidently of a conservative mind, ventured to inquire if these so-called bacilli the essayist had discovered in these children were not, perhaps, an artificial product developed during the preparation of the specimen, that he had always looked upon dentition as a physiological process if no complications arose; he was astonished that animal life, including man, had not long ago disappeared from this planet, for he was told that most of the water supplied to the large cities contained the typhoid bacilli, and now the milk was infected by tuberculous bacilli and doubtless the flesh of these infected cows, and still have served these many thousands of years as food. But great heavens! how those young fellows jumped up from their seats, swinging their arms and gesticulating. One young man, shouting above the din, said that any man who could make such remarks must be in his dotage. Finally, another member moved that the thanks of the Society be extended to the essayist for his great researches in the field of bacteriology, as shown by the paper read, which was voted for in the affirmative with an 'hurrah.'"⁽¹⁾

¹ The author is convinced that if tuberculous bacilli are introduced into the system of a vigorous constitution, their destructive influence is resisted by the vital power of the tissues; but if introduced into a system of low vitality, either inherited or acquired by vicious

It is evident that the social changes in the profession of this city appeared to our old Western friend after an absence of twenty-nine years as a complete revolution, while we, who have remained here, have looked upon them as going hand in hand with the advancement of our science. But let us not be blind to the fact, that our social relations to each other and the public have become decidedly loose, for under the cloak of charity there are, in this city, clinics and polyclinics not connected with any medical school, which can have no other object but to advertise the doctors connected with them. Is it surprising that the public appreciates our services less and less, when all over the city one sees posters on every fence inviting people to be treated free in a certain institution in the north-western part of the city in charge of physicians of reputation? What chance does a young beginner have with such competition? Can we be surprised if some of them for the want of the necessities of life turn to open quackery? Somehow I cannot but have some respect for a man (for it takes some courage to do it), who throws off all allegiance to the profession and proclaims himself, openly, an advertising quack, not wanting to disgrace any one but himself, for, for him it is "to be or not to be." Has our profession become so selfish that its members think of no one but themselves, and under the pretext of charity to the public drive some of the otherwise valuable members out of our profession or even to suicide? Do the medical schools loose all interest in their graduates after conferring upon them the diplomas? Does not the city government provide for the real indigent patients by appointing a physician in every ward for that purpose? Already, on all possible occasions, the public press throws out ridicule, and, as is well known, ridicule breeds contempt. With what haste do they not publish any doctor's scandal, or any unjust and contemptible law-suit

habits, the tissues invaded are favorable for the development and multiplication of the bacilli at the expense and consequent destruction of the tissues infected.

against members of our profession, thereby smirching the reputation of some of our foremost members.

Gentlemen of the Class of '90:"

We welcome you to our ranks, and congratulate you upon being graduates of the Medical College of Ohio, of which we all feel proud to be the offspring. Not a few of our alumni are not unknown in the old world as authors and men of science; and we can boast of one of our number having been honored with the highest distinction the profession of America can bestow, and that is President of the American Medical Association, and who is also an honored member of the present Faculty of this College. May the old College prosper in the future as it has in the past.

ARISTOL IN DISEASES OF THE SKIN.

Dr. Eichhoff has, in the *Monats. f. prakt. Derm.* (No. 2, 1890, vol. x), published the results of experiments he has made with aristol, a combination of iodine with thymol, which he believes may take the place of iodoform in some cases, and which is free from the disadvantages of the latter. He has satisfied himself that aristol is a harmless drug, and it has the advantage of being odorless. He found it equal to iodoform in all cases in which he tried it, except in soft chancres. It acts more slowly than chrysarobin or pyrogallie acid in psoriasis, but has the advantage of not possessing the toxic effects of the latter, nor the disagreeable concomitants of the former. In parasitic skin diseases it is equal to other known remedies, and is not irritating. In ulcers of the leg and in tertiary ulcerations it heals more quickly than any other known medicinal application, and he considers that in lupus it surpasses all remedies hitherto tried. The samples with which Dr. Eichhoff worked were sent him by Friederick Bayer and Co., of Elberfeld. He uses a 10 per cent. ointment with vaseline.—*British Med. Journal.*

Original Articles.

CASE OF TUBAL PREGNANCY WITH RUPTURE.

LAPAROTOMY BY THAD. A. REAMY,
M.D.—RECOVERY—SPECIMEN
EXHIBITED.

Reported to the Academy of Medicine, April
18, 1890,

BY

C. B. SCHOOLFIELD, M.D.,
Attending Physician.

Mrs. Carrie C., resident of Dayton, Ky., aged twenty-seven years; first menstruated at the age of thirteen; married at twenty-two. Pregnancy occurred soon after marriage. She was delivered, prematurely, at the seventh month of gestation. Menstruation now continued regular till June 8th, 1889, when she missed. At the second period she flooded profusely, and no doubt had an abortion. Following this, menstruation was again fairly regular, but she suffered from profuse leucorrhœa. October 8, 1889, she again missed with other symptoms of pregnancy. December 9, 1889, while in the water-closet, she was seized with excruciating pain in the lower part of the abdomen, vagina and rectum, followed by syncope, being carried into the house, while I was summoned. Arriving shortly, I found the patient in collapse; pulse 140, feeble, pain intolerable. Gave hypodermatically one quarter grain morphia, hot applications to extremities. Within a few hours reaction was complete. As there was considerable discharge of blood per vaginam, I expected an abortion, though the os uteri was not patulous. But it did not occur. There were crampy pains, with an occasional bloody discharge. These symptoms continued until December 25, or fifteen days after the first attack. On this day the patient was walking down stairs, and was seized with symptoms in every particular corresponding to those characterizing the former attack. The treatment was likewise repeated, followed by good reaction. A digital examination disclosed a lump as large

as an orange, to the left of, and behind the uterus. Fluctuation in this ovoid mass was not very distinct. I diagnosed tubal pregnancy.

By request, she was seen with me the next day by Dr. Thad. A. Reamy, who, after careful examination, decided that without doubt there was a hematocoele, and that it was, he thought, extra-peritoneal. He also agreed that the origin of the hemorrhage might be a tubal pregnancy, that the history of the case testified strongly in this direction. At the same time, as the uterus was quite as large as ordinarily at the supposed period of this gestation, and as the os was now patulous, he did not consider the diagnosis of tubal pregnancy conclusive. At the same time he thought that if the pregnancy was uterine, an abortion would soon occur. This all the more probable, as there was at this time considerable quantities of blood escaping from the uterus. He advised that opiates be continued, and that a mild galvanic current be daily passed, one electrode in the vaginal vault, the other over the lower part of the abdomen. Meantime, he stated that he would hold himself in readiness to come promptly at my summons in case urgent symptoms should arise, and that he would at once make abdominal section.

Under the treatment above detailed, the patient daily improved until January 6, 1890, when she was again seized with symptoms of hemorrhage, the pain and shock being quite severe. Dr. Reamy was telephoned for, but was sick in bed. Dr. C. D. Palmer was called and promptly responded. Dr. Palmer concurred in my diagnosis of tubal pregnancy, but thought that the patient's condition precluded the advisability of a laparotomy. He advised the employment of the Faradic current. Peritonitis, however supervening, prevented my employing the electricity.

January 12, the patient, not improving, Dr. Reamy was again called. In order to clear the diagnosis he introduced a sound into the uterus, and found its depth to measure four and one-half inches. This seemed to justify the

belief that the fetus might be in utero, and if so, that an abortion would speedily occur. It is needless to say it did not occur. The patient's condition did not improve, pulse reaching 110 to 120, and temperature, 100° to 103° F., with considerable abdominal distension, and marked pain, with occasional nausea.

She was again seen by Dr. Reamy, who now fully concurred with me that a laparotomy should be made. The operation was made by Dr. Reamy, February 9, 1890. Present and assisting, my brother Dr. D. Schoolfield, Dr. Charles Bonifield, my son Clarence Schoolfield, and myself. Antiseptic precautions were enforced. However, no chemical of any character was employed either in sponges or in the warm water with which the abdominal cavity was washed out. On opening the peritoneal cavity an enormous blood clot filled the pelvic cavity. It reached a line from the promontory of the sacrum to the uterine fundus, the uterus being anteverted against the pubes. This clot was smooth, and rounded upon its upper surface. The peritoneum which intervened between it and the abdominal cavity had evidently been dissected up from the floor of the pelvis. It was so thin and delicate that it yielded, being ruptured by the touch of the fingers of the operator, so that it was opened by tearing rather than by cutting. The clot was very dark, and somewhat firm. When the clot was removed the fetus was found in its center, or rather more to its lower surface, deep in the pelvis. The fetus appeared of about ten weeks' gestation. It was flattened and about the color of the clot containing it. The broad ligament on the left side was seen to be thickened, ruptured, and spread out. A mass, which the operator pronounced placental, was partly imbedded in the broad ligament and partly outside, protruding through the rent in the ligament. The outer portion of the ligament, together with the fimbriated extremity of the Fallopian tube and the ovary, were attached to the pelvic wall. With this mass the intestine was also adherent. On separation of this mass from the pelvic peritoneum, some pus escaped. The tube, ligament, and

ovary, were tied off near the uterus and removed. All clots that could be cleaned out of the pelvic cavity by the hand were removed.

The operator stated that the remnants of the peritoneal cyst left were so frail and scanty that he should not consider them either in inserting the drainage tube or in closing the abdominal cavity. The cavity was thoroughly washed out with warm water, which had been filtered and boiled, a glass drainage tube was inserted and the wound closed by five silk sutures. The shock was considerable, and during the application of bottles of hot water to the extremities and body an accident occurred which caused much annoyance during convalescence. One of the bottles was allowed to get against the right arm and remain until a severe, and somewhat extensive burn occurred. During the first two days much dark fluid escaped from the drainage tube. Drainage tube removed on the fifth day. No rise of temperature after the operation. Temperature had been 100° to 102° before. It was fifteen to twenty days before the temperature remained normal during an entire twenty-four hours.

At the beginning of the fifth week the patient noticed gas escaping from the drainage tube sinus, which had not yet closed. March 15th, when the nurse administered an enema of warm water, it, with a large quantity of fecal matter, escaped from the abdominal wound. Fecal matter continued to escape for about twelve days. Then for about ten days only gas, and now for two weeks nothing has escaped. The patient is eating and sleeping well, rapidly gaining strength, and is in excellent spirits. She has, as yet, not been allowed solid food, but it may now be given without fear. I leave for Dr. Reamy the discussion of details.

The specimen which is here exhibited is of much interest.

[FOR DISCUSSION SEE P. 104].

For the waking numbness, so-called, without any apparent cause, Dr. Andrews recommends iodide of ammonia in two grain doses four times a day.

HAMAMELIS VIRGINICA.

A Paper read before the Highland County
Medical Society, July 10, 1890,

BY

S. J. SPEES, M.D.,

HILLSBORO, O.

Mr. President and Fellows of the Society:

I present to you to-day one of our indigenous therapeutic remedies, *Hamamelis Virginica* (Witch Hazel). My attention was called to the use of the leaves and flowers of this shrub some fifty years ago. It was a domestic remedy for œdematous swellings of the lower extremities, eczematous sores, chronic ophthalmia, chronic diarrhœa, etc., etc. The laity used the decoction or poultice of the leaves and flowers. In those days drug-stores were few and far between and pharmaceutical preparations but little known, and we were willing to try all things and discriminate between the good and the bad. I used these preparations satisfactorily in chronic diarrhœa, in prolapsus ani, in œdematous and eczematous lower extremities. Pharmacy has brought to our offices a fluid extract which I find much more convenient, and which I have been using for some years for varicose veins and eczema of the lower extremities. I give a case in which I had some personal interest at home.

I have had varicose veins and eczema of both lower extremities for several years, always worse in the winter. I had used the ordinary remedies with temporary benefit only. I had used the roller bandage of cotton, of soft thin lamb's wool, and the elastic, with but little benefit. In the fall of 1888 my limbs were worse than ever before, both of them swollen, burning and itching with the eczematous scaly eruption. The superficial veins were greatly enlarged and painful when I was much on my feet.

In this condition I commenced with the following:

R Flex. hamamelis virginica, } aa 1 part.
Aqua, }

Applied to the surface from the foot to the knee, morning and night, with a

soft brush, and I protected the skin with a thin cotton hose leg. The eczema began to yield in a few days, and in three or four weeks the burning, itching and scaly eruption had almost entirely disappeared, and I became careless and did not use the remedy so often, but determined to test it further for the varicose veins. I used it several times per week for two or three months, when I found the enlarged veins decidedly lessened; during the summer the veins and eczema gave me no trouble, but when cold weather last fall compelled me to put on flannel the eczema again began to show itself a little, and I returned to the use of the hamamelis. The veins have now all resumed their normal size, and the eczema has entirely disappeared.

I have treated other cases of old people whose conditions were the same as my own in a similar manner with satisfactory results.

I have used the hamamelis in chronic epistaxis with satisfaction.

I had last fall a case of passive hemorrhage of the stomach. The patient had had indigestion for some time, with imperfect assimilation, evidences of ulceration of the stomach, a general anæmic condition, and frequent vomiting of mucus, some pus, and frequently of some blood. Hamamelis and Lloyd's hydrastis, equal parts, met the indications satisfactorily.

FOR CORYZA.

Put into a vessel, which should be deeper than it is wide, a teaspoonful of camphor and a tablespoonful of Listerine, pour on boiling water, and breathe the warm vapor through a paper cone, the narrow end of which should be cut so as to admit the nose conveniently. Inhale these vapors for ten or fifteen minutes every four or five hours, and after three inhalations the severest coryza will have disappeared.

Two drops of creosote made from beech tar, given with a little water, is a specific for hiccup arising from drunkenness.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of April 28, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

JAMES M. FRENCH, M.D., Secretary.

DR. C. B. SCHOOLFIELD reported a case of

Tubal Pregnancy with Rupture (see page 101).

operated on by Dr. Thad. A. Reamy,
and exhibited the specimen.

DISCUSSION.

DR. C. D. PALMER stated that he had seen the case after Dr. Reamy had seen it one or more times, but without knowing that he had seen it. He was positive that it was a case of extra-uterine pregnancy, but was not so sure of the existence of a hæmatocele. He recognized the propriety of performing laparotomy at some future time, but not then. He recommended the practice of faridization behind and to the left of the uterus, for some time, and if that failed, to perform laparotomy.

DR. EDWIN RICKETTS said he thought Heywood Smith spoke to the point in giving to these cases a pre-ruptured stage, ruptured stage and post-ruptured stage. It had been his fortune to see not less than ten operations for ruptured ectopic gestation. Four were in Mr. Tait's clinic, and only one of them had been seen by Mr. Tait previous to rupture, and this was the case in which he gained most information of the diagnosis of these cases previous to rupture. The case came into the house on Monday and the diagnosis of gonorrhœal salpingitis was made. The patient left, but came back on Thursday doubled up with pain. Examination revealed that we had a ruptured tubal pregnancy to deal with. The case was sent immediately to the hospital, and the following morning the section was made. He spoke of this case in order to show that even this case, which walked into the

clinic, and again from the clinic to the hospital, was operated upon the next morning without any preliminary preparation, and he was therefore of the opinion that it is not fair to say that Mr. Tait would or would not do anything in a given case. Neither could he see what was to be gained by faridization in Dr. Schoolfield's case, and the long-continued use of a galvanic current would complicate affairs. He thought, too, that if the case had been operated on at the time it was first diagnosticated by Dr. Schoolfield, it would not have been complicated by the slow convalescence, the fecal discharge and fistula that occurred later. The proper way to deal with these cases is from a surgical standpoint. In the majority of cases of extra-uterine pregnancy, in which we have rupture, we look upon the death of the fetus as almost inevitable. He congratulated the physician upon his early diagnosis more than he did the operator upon the time of his operation. The speaker thought these cases numerous; much more frequent than we have any idea. The general practitioners, who see the cases first, are becoming alive to this fact.

DR. JOSEPH RANSOHOFF called attention to the fact that all speak of early interference in cases of this sort—of operation within twenty-four hours from the time that the condition is recognized. In view of the fact that in these cases the first thing that calls attention to the possible rupture of an extra-uterine pregnancy was collapse, he desired to ask whether they had seen the abdomen opened during this period of collapse, and if so what was the condition present. He did not desire to criticise, but asked for information. It had been his experience that in every case in which he had operated during collapse, he had facilitated the demise, and he had concluded to cease to be executioner and always to wait until the period of collapse had passed away.

DR. R. B. HALL desired to congratulate the attending physician, the operator, and, most of all, the patient. He questioned very much whether there was a man on this floor this evening who would have opened the abdomen

when the first consultation was called; still more he doubted if an operation at that time would have been good practice. What we want to get at this evening, is what shall go out from this society as the best method, in our opinions, to be pursued in these cases. If we endorse early operation, let us adopt it; if delayed operation, let us adopt that. It is believed by many operators now that Tait's scheme of tubal pregnancy is the correct one. He insists that the rupture may take place directly into the peritoneal cavity, and that the death of mother and child may thus early occur. But where it takes place into the broad ligament first, as it very frequently does, it is evident that death will not take place from hemorrhage, but gestation may go on until a time when mother and child both may be saved. In the case reported the rise of temperature did not occur until the second attack (which was the time of the secondary rupture, or the rupture of the sac into the peritoneal cavity), sixteen days after the first collapse. From the description of the case, the rupture occurred posteriorly, and let more or less blood into the peritoneal cavity, thus putting the patient in a more dangerous and desperate condition than she was in before. That was the time the operation should have been made, which would have saved her the great risk of the septic infection which she was subjected to for so long, as well as stopped the hemorrhage.

Then comes the question of proper treatment. Here was where the speaker thought we could all differ in regard to what was best to be done, and differ honestly. Electricity had no place in the treatment of this case. Probably, if the case were gone over again, with our ideas obtained from retrospection, we might suggest some changes. Was the best plan of treatment carried out? From the date of the secondary rupture till the time of operation the patient was very ill. It is now plainly evident that the operation should have been made at the time the sac ruptured. The question should be decided whether in some cases the operation would not be better made

without waiting for the second rupture. The speaker desired, however, to place his weight of evidence on the opposite side. But after the second rupture, if the patient does not go on bleeding, septic trouble is almost certain to be developed. Therefore, he would operate in all cases at once after the rupture of the sac. He thought this case was in extreme condition at the time of operation.

The great point to be taken into consideration in these cases is that if the patient rallies from the primary shock, and we can be *sure* that the hemorrhage is in the broad ligament and *not within the peritoneal cavity*, we should not operate, but watch the case carefully, and be prepared to make a section at once if the secondary rupture occurred. His reason for this is the fact that nature often takes care of the blood-clot by absorption, and if the fetus dies, as it usually does, it is also absorbed, and the woman recovers without an operation. But if we have diagnosed a case as extra-uterine pregnancy, and it ruptures into the broad ligament, and at the next attack of pain symptoms of shock and collapse occur, it is but reasonable to believe that the sac has ruptured into the peritoneal cavity, and an operation is the only thing to be thought of in the way of treatment, and that at the earliest possible moment.

Meeting of May 5, 1890.

The President, C. D. PALMER, M.D.,
in the Chair.

OTIS L. CAMERON, M.D., Secretary
pro tem.

Continuation of Discussion on Tubal Pregnancy.

DR. GILES S. MITCHELL, while he congratulated the doctor on the case and the result, thought that not sufficient stress had been laid upon the diagnosis, and that the diagnosis in the case was more a result of accident, as it is always more or less difficult. At an earlier period no one could make a diagnosis. He referred to the case of a younger member of this society, in

which a number of careful physicians, after repeated examinations, decided on operation, only to find they had erred in diagnosis. The question is, when to operate. He has never seen a case of extra-uterine pregnancy in his own practice, and does not think they are common, as was stated. Operate when sure of diagnosis, or when symptoms are urgent.

DR. JOHNSON related a case of his occurring in a Ilpara. Only symptoms were occasional pains in one side. No tumor was found until she was anesthetized, but she had all the symptoms of pregnancy up to two or two and one-eighth months.

DR. REED remarked that, according to Tait, there usually was a history of preceding sterility.

DR. HALL: There is always more or less of a period of sterility preceding extra-uterine pregnancy. In most of his cases there had been but few children.

DR. C. D. PALMER: There are few subjects in medicine and surgery which have excited greater study than that of the proper management of ectopic gestation, and certainly there is no subject in obstetric medicine and surgery which in recent years has received equal attention. Personally, I have seen several cases in the past few years which I have considered extra-uterine pregnancy, but in only two have I had the absolutely certain proof of the same by ocular demonstration. That the disease is much more common than is frequently supposed is proven by no better testimony than that of Dr. Formad, the pathologist, of Philadelphia. In nineteen instances it was detected by autopic examination by him, where death had occurred from other causes.

My first well-marked case I was called to see on Pleasant street, by Dr. Fischer. The patient was an ignorant German woman, who could give a very imperfect and unsatisfactory account of her clinical history. After several daily interviews, I came to the conclusion that it was a multilocular, partly solid ovarian cyst, or a case of extra-uterine pregnancy of the abdominal variety. After so expressing myself to the hus-

band, I requested a consultation, and Dr. Reamy, by my advice, was called. He came to precisely the same conclusion, both of us leaning rather to the probable presence of extra-uterine pregnancy. The duration of it was clearly fifteen months, and apparently the fetus had died at the usual time—the end of ordinary gestation. That was Saturday morning. We decided on a laparotomy for the following Tuesday. That very Saturday evening, in July, the patient, with her husband, went to one of our hill-top resorts, sat in the open air, although it had suddenly turned much cooler, had a slight chill, returned home, had a more severe chill, became quite feverish during the night, and sent for me before daybreak Sunday morning. Thinking that the chill might be septic, and seeing that the woman was in a precarious condition, I decided at once to make an operation so soon as things could be gotten ready. The operation was done at 10 o'clock that morning, assisted by Dr. Reamy, Dr. Zinke, Dr. Fischer and others. After opening the abdominal walls, and then the ectopic gestation sac, the dead fetus was extirpated by the feet, the umbilical cord cut off merely long enough to have the remainder project through the parietal opening. The placenta was not disturbed, but the sac was thoroughly washed out with hot carbolic water, and the incision was closed around a containing drainage-tube. The patient did not rally from her first chill, and died in about twenty-six hours after the laparotomy.

In my second case, called to see several years since in the extreme East End. When first hastily summoned, I found a woman extremely pale, almost pulseless, writhing in the most terrible intra-abdominal pain, although morphia had been administered several times hypodermatically. Her attending physicians had suspected extra-uterine fetation. A similar attack, less severe, had occurred about one month previously, but she had apparently gotten in fair condition, naught having been done save morphia hypodermatically. A first attack, the least severe, occurred about two months previously, having

been treated in the same manner. I emphatically expressed the opinion that it was a case of extra-uterine pregnancy of probably the tubal variety, that the aforesaid symptoms bespoke sac rupture, and that at this time there was probably considerable blood in the peritoneal cavity. The patient was in no condition for an operation, and I was totally unprepared for any, but I concluded to return the next morning, and if she had rallied somewhat, I would open the abdomen. The next morning found her slightly rallied, and with a pulse somewhat perceptible. Assisted by Drs. Conner and Zinke and the two attending physicians, I opened the abdomen, and turned out about one pint of freshly-clotted blood from the peritoneal cavity; then, with the Paquelin thermo-cautery, I opened the ectopic sac, which was the right Fallopian tube, as it ramifies through the uterine wall, and delivered a five months' fetus by seizing hold of its legs. I left the placenta, cut off the cord, washed out the ectopic sac, and closed the abdomen. The patient died almost immediately afterward, being unable in her practically moribund condition to withstand the shock of a laparotomy.

The third case was clearly, to my mind, one of right tubal extra-uterine pregnancy of two to three months. There were all the presumptive and probable symptoms and signs of pregnancy, and the presence of a progressively enlarging right tubal sac. There were also evidences of relative sterility for more than ten years. In this instance nothing was utilized except the Faradic current, daily. After the first few applications the sac ceased to grow, became less vascular, and gradually shrank in size. To-day the patient is well.

In this matter of the proper management of ectopic gestation, I do not believe that we have any inflexible rules to guide us. There is no plan of treatment which is applicable to all cases. Of the two principal treatments—electricity and laparotomy—each one has its special function to perform, each its proper field of usefulness to fill. No one treatment is a *sine qua non*. The

Faradic current of electricity ought, I think, to be employed at first. As there are two forms of the Faradic current, the primary and the secondary, the former, it appears to me, is preferable, because it is direct. The negative pole of the primary Faradic should be placed per vaginam against the bottom of the ectopic sac, while the positive pole is placed over the abdominal wall. The current is used daily from fifteen to thirty minutes, at first as strong as can be borne, and its strength is daily increased. Anæsthesia may be needed to permit of the utilization of a full strength. Doubtless the slowly interrupting is to be preferred to the very rapidly interrupting. Should this Faradic current fail, then the broken galvanic current may be employed.

These electrical currents should be utilized in all cases of all forms when seen early, prior to the end of the third month—that is, prior to sac rupture. If there is sac rupture, and there is an escape of blood with the embryo, laparotomy is to be chosen in preference, if the general condition of the patient will permit. She may react, so as to make the abdominal section justifiable, but it is not prudent to open the abdomen of a dying woman.

Should the extra-uterine pregnancy be abdominal, either primary or secondary, and far advanced—past the fourth or fifth month of gestation—three plans of treatment are open for consideration:

1. The fetus may be killed by the electric current, as recommended by Dr. Mann, of Buffalo, and then, after it has shrunk somewhat in size, and the sac, especially in its vascularity, considerably diminished, laparotomy is performed.

2. The development of the fetus is allowed to go on until the end of normal gestation, when it spontaneously dies, and then in a few weeks following, owing to these changes in the sac size and vascularity, laparotomy is performed.

3. The fetus being allowed to grow until towards the very termination of gestation, but before its spontaneous death, laparotomy is performed, and a live child is delivered.

Doubtless with the last method, while the child is saved, the risks to the mother are naturally greater than with either of the two other methods. If the general condition of the mother is good, and she is courageous, anxious for a living child, the last method will be eminently proper and wise. Should, however, her general condition be poor, her health waning, unquestionably the first procedure is far superior to the second. There can, therefore, be no cast-iron rule for a management in all cases and conditions.

DR. E. RICKETTS said: Ollshausen says tubal pregnancy occurs ten times to one abdominal, and what was formerly supposed to be abdominal pregnancy is now known to be tubal. Primary abdominal pregnancy may exist. These abdominal children rarely live. Of twenty-two abdominal operations, nineteen children died. To wait for rupture till the tenth week, or to kill the child by puncture or electrolysis, was erroneous. Ectopic gestation is apt to occur a second time in the same patient.

Martin has changed his mind three times, first claiming that the diagnosis previous to rupture was quite difficult, then concluding that it was easy; now, after operating twenty-two times, he goes back to his first conclusion, that the early diagnosis is quite difficult. He says in later months, when we can feel the child, it is easy to diagnose. He does not place much reliance on the menstruation. His first case had not missed the regular menstruation. After rupture, by bimanual examination the diagnosis can be made, but it can be mistaken for ovarian and tubal trouble. After rupture the diagnosis is not easy, especially not previous to rupture. These are his conclusions after twenty-two operations. Tait agrees with Martin after operating more than forty-five times. Martin and Ollshausen say that the whole sac should be removed. By this procedure the mother is saved months of suffering. Landau has had nineteen cases, with two deaths.

Czemfini says it is not easy to diagnose previous to rupture. Many competent men reported cases of mistaken

diagnosis. The growing of the uterus, along with extra-uterine pregnancy, to the size of a four months' pregnant uterus, at which time two tumors are side by side, was a good point.

Virchow says, in latent ectopic gestation the child never calcifies, but the sac is filled with lime salts, which gradually hardens and builds a wall about the child. One case had been under his observation twenty-six years. The post-mortem proved his assertion. Fahs has collected thirteen cases of true lithopædion. Tait has seen one case. This calcification is very rare.

Noble reports one case of ectopic gestation in a case aged twenty-seven. No miscarriages. On the right side was found ovarian tumor and hydrosalpinx, on the left side a seven weeks fetal sac, not ruptured; one quart of blood was in the peritoneal cavity. Bleeding came from partial separation of the ovum from the tube. Fainting attacks occurred at micturition. Longaker's case, aged thirty-nine, was married at nineteen. On February 23 was seized with excruciating pain in the lower abdomen. Operated on February 27. Unruptured cyst of three months on right side. Bleeding came from a ruptured vessel on the external surface of the cyst, through lacerations of adhesions on straining at stool.

A ruptured Fallopian artery, out of sight within the folds of the broad ligament or in the abdominal cavity, or both, demands ligation, along with amputation of the Fallopian tube, and the turning out of the sac, ruptured or unruptured, just as promptly as a recently severed temporal or intercostal artery. With the ruptured Fallopian artery, with or without the ruptured ectopic gestation sac, the symptoms—those of collapse—are just the same.

Trying to differentiate before resorting to exploratory incision too often means a death that is saddled on to the operation unjustly. With an ectopic gestation on one side and an ovarian cyst and a hydro- or pyosalpinx on the other, the case is complicated, and the diagnosis is correspondingly obscured. In those cases of the slightest doubt in diagnosis—explore.

With the severed deep palmar arch the surgeon does not resort to electrolysis to control hemorrhage. About the first symptom of ectopic gestation is that of hemorrhage. Electrolysis surely cannot arrest bleeding here any more than in the bleeding deep palmar arch. By producing tissue contractions it defeats the very object that should be avoided—rupture. In order that it may have the desired effect, granting that it could arrest hemorrhage, living tissue would be seriously damaged. It is the hemorrhage that causes the primary rupture, as well as the secondary rupture, and those cases failing at secondary rupture are the exceptions to the rule. The general surgeon dislikes the secondary amputations for sloughing stumps, and the ruptured Fallopian tube allowed to go on until pus is formed inside the abdominal cavity before removal, is an operation promising serious results in the majority of cases. Say that the diagnosis can be made of the pre-ruptured stage, and if electrolysis produces contractions of the tubal tissue and its ectopic contents, there would be great danger of rupturing the ectopic cyst, along with rupturing the adhesions, causing hemorrhage into the abdominal cavity similar to the hemorrhage in Longaker and Noble's case, which was caused by straining incidental to stool and micturition. Those cases of ectopic gestation diagnosed in the pre-ruptured stage, I think, are exceptions to the rule. I am of the opinion that nothing should be resorted to previous to the primary rupture, at which time promptly make the exploratory incision, after which do what your hands and eyes find to do, be that simply an exploratory incision.

DR. E. W. MITCHELL thought that the essayist had only given theoretical reasons for not using electricity. Theories must stand the test of trial, and there are only a few bad results on record. Facts are ample answer to such theories, and are in line of safety in early cases in using electricity, as there is practically no danger.

DR. HALL: One principal point to be agreed upon is the best method of treatment at the time of rupture. It is just

as well to let the patient alone; if the child is not dead, give it a chance—it may be a viable pregnancy; but, as a rule, the child is dead or dies, and, according to Tait, as quoted by the last speaker, these cases do not apply to the doctor at all.

The speaker thinks that cases that get well with electricity will get well just as readily without it. He would not kill the child; if there are no urgent symptoms, let the child live till near term, and then operate.

The diagnosis before primary rupture is not easy, and is principally guess-work; after rupture it is plain, and should be made seven times out of eight.

DR. SCHOOLFIELD closed the discussion by saying that the early diagnosis was accidental. After each rupture the shock and hemorrhage was great, but reaction was prompt, and he could tell that the hemorrhage was in the broad ligament. Peritonitis set up, and the operation was made for this and nothing else—*i.e.*, to relieve her of a chronic peritonitis.

Where there is clear evidence of pregnancy, with pains in the iliac region, slight flow of blood and discharge of decidua, then explore the uterus. If a tumor is found on one side, fluctuating, with these signs of pregnancy, then diagnosis can be made.

Operate when secondary signs occur. If recognized early, he believed in destroying it.

THEINE IN THE TREATMENT OF NEURALGIA.

Dr. J. K. Bauduy places great reliance on subcutaneous injections of theine in cases of obstinate neuralgia. In one case of sciatica which had resisted the ordinary medicinal treatment and galvanism, he obtained a brilliant cure by injecting one-quarter grain of theine and rapidly increasing the dose on successive days to one-half grain. Equally effective was theine when exhibited in a case of supra-orbital neuralgia. Further trial is recommended.

—*N. Y. Med. Times.*

HIGHLAND COUNTY MEDICAL SOCIETY.

OFFICIAL REPORT.

The President, B. D. GRANGER, M.D.,
in the Chair.

LOCKHART NELSON, M.D., Secretary.

The Highland County Medical Society held its regular quarterly meeting at Hillsboro, O., July 10, 1890, in the Council Chamber of that city.

DR. S. J. SPEES entertained the Society by a very interesting and able paper on

Hamamelis Virginica (see p. 103).

DR. SPEES also reported a case of

Malformed Fetus,

which he had recently met in his practice, in which the entire nasal structure—cartilaginous and osseous—almost all of the superior maxilla, the palate bones and the uvula were all wanting, leaving a mouth widely extended laterally, and a large faucial cavity, exposing to view the epiglottis. It was born at full term and lived forty hours, swallowing nourishment from a teaspoon.

This followed by some remarks by the President on

The Use and Abuse of the Hypodermic Syringe.

A spirited discussion ensued on the use of this instrument, in which almost all the members present took part, and which merged into a discussion of the use of morphia and the responsibility of the physician in the formation of the morphia habit.

The committee on programme submitted the following report of papers to be read at the next regular meeting:

Local Anæsthetics—Dr. Lockhart Nelson.

Benign Tumors—Dr. B. D. Granger.

Ether—Dr. H. A. Russ.

Chloroform—D. W. W. Glenn.

Dysentery—Dr. D. N. McBride.

Peritonitis—Dr. H. A. Beeson.

CREOLIN is becoming a popular antiseptic. It is non-poisonous. One man took eight ounces without marked results.

Selections.

COCAINE IN URETHRAL SURGERY.

Cocaine (Arpad G. Gerster, M.D.,) is a great boon in the treatment of urethral affections, especially where the patient's sensitiveness is very marked. Nevertheless, it is not an unmixed advantage. It has certain disadvantages, and it is proper that they be held in view. Cocaine anæsthetizes the urethral mucous membrane, but it also causes, during the time that anæsthesia persists, an unnatural anæmia. If you have watched the effects of the drug when applied to the nasal or oral mucous membrane, you have noticed that shortly after the application of rather a strong solution, the mucous membrane becomes pale, and if there is any erectile tissue beneath it, as there is on the turbinated bones, the vessels contract and the tissues become shrunken, pale, and anæmic. Now, while the operation is going on, this is well enough. This is an advantage, no doubt; but after the operation is completed, and the anæmia is replaced by marked hypærmia, the hemorrhage following the operation is apt to be quite profuse. Now in the nasal cavity that is of no great concern, for we can easily stop hemorrhage there; but if you have performed an operation in the deeper portion of the urethra, seemingly with slight loss of blood, as soon as hyperemia vanishes profuse hemorrhage is apt to set in, which may be very difficult to stanch. The possible toxic effects of the drug on the nervous system of predisposed individuals must also be noted as a source of embarrassment.—*N. Y. Med. Times.*

SIMPLE TRUSS FOR HERNIA IN CHILDREN.

Mr. Owen (*Medical Press and Circular*, February 12, 1890) urges the expediency of regarding congenital inguinal hernia not as a pathological entity, but merely as a sign or symptom. "Generally it is but the sign of arrested development in connection with the

obliteration of the funicular process of the peritoneum; often it is a symptom of some oft-repeated and straining expiratory effort, such as that associated with whooping-cough, diarrhoea, chronic constipation, rectal polypus, vesical calculus, or impeded micturition." Mr. Owen relates a case where, by the pressure of an appropriate bandage for the relief of a troublesome umbilical hernia, he produced an inguinal hernia.

For tender infants, and where a spring truss cannot be worn, he suggests the use of a skein of wool, as advised first by Mr. Coates, of Salisbury. "A folded skein of Berlin wool should have the loop laid over the emptied inguinal canal, the ends being carried across the abdomen above the crest of the ilium, of the sound side, across the back, and then forward along the crest of the ilium of the ruptured side. The ends are then passed through the inguinal loop, and carried backward around the inner side of the thigh, and across the buttock, to be firmly secured to that part of the skein which is already just above the great trochanter."

The infant can be washed with this truss on, a fresh one being subsequently applied. The writer states that the nurse soon learns to apply it, it does not make the child sore, and with average skill and care it can be made a serviceable compress.

EXCISION OF LOCAL PULMONARY TUBERCULOSIS.

At the recent Congress of the German Society for Surgery, Prof. Tillmanns (*Lancet*) exhibited a man of about thirty years, from whom he had removed a tubercular deposit involving a portion of the left lung, pleura, and thorax. After the operation the lung contracted in such a manner that by a second operation the remaining tubercular area was completely removed. The wound was covered with cutaneous flaps and healed completely, and the patient is now able to work. As the operation was performed about two years ago, the cure may be regarded as permanent.

Tillmanns thinks that the surgical treatment of pulmonary tuberculosis is proper if the disease is localized, but that in most cases two operations will be required—the first to expose the affected part in order to bring about atrophy and contraction; the second to remove the disease.—*Med. News*.

SURGICAL TREATMENT OF VOLVULUS.

Dr. N. Senn (*Medical News*, says:

1. The predisposing causes of volvulus are either congenital or acquired, and consist in elongation of certain segments of the intestine, abnormal length of mesentery, and adhesions.
2. Irregular distribution of intestinal contents, and violent peristalsis, are the most important exciting causes.
3. Volvulus is most frequently met at the sigmoid flexure and the lower portion of the ileum.
4. Secondary volvulus on the proximal side of other forms of intestinal obstruction is not a rare occurrence; it is also frequently developed during an attack of peritonitis.
5. As a rule, the symptoms are more acute and intense if the volvulus is located above the ileo-cæcal region.
6. Vomiting in cases of volvulus of the sigmoid flexure is not a constant symptom.
7. The most important physical sign of volvulus is a circumscribed area of tympanites, which corresponds to the location of the volvulus; but this sign is only of value before general tympanites has set it, and therefore enables the surgeon in many cases to make an early and positive diagnosis.
8. All cases of volvulus should be treated by laparotomy if reposition cannot be accomplished by rectal insufflation of hydrogen gas.
9. Reposition should not be attempted without evisceration.
10. Evacuation of intestinal contents by a free incision, should be practiced in every case where general distension of the intestines is present.
11. Enterectomy becomes necessary if any considerable portion of the intestinal wall has become gangrenous.

12. Irreducible volvulus should be treated by establishing intestinal anastomosis with permanent exclusion of the seat of obstruction from the active faecal circulation.

13. Recurrence of volvulus can, and should be, guarded against by shortening the mesentery by folding it upon itself parallel to the long axis of the bowels, and suturing the apex of the fold to the root of the mesentery.

SWELLED TESTICLE.

One of the best local applications for swelled testicle is a poultice composed of one part of tobacco to four of linseed meal. The meal furnishes heat and moisture, while the tobacco usually relieves the pain in a short time. This same poultice is very soothing when applied over the pubes in cystitis.

—*Kansas Med. Jour.*

CHARLES MARCHAND has issued a pamphlet giving the therapeutic applications of peroxide of hydrogen and glycozone in the treatment of diseases caused by bacteria. Peroxide of hydrogen has been pronounced by Dr. E. R. Squibb to be perhaps the most powerful of all antiseptics and disinfectants. Its harmless character and the absence of all unpleasant taste and odor render it an ideal germicide for use with children.

It appears to us that this substance deserves a much more general trial than it has as yet received; and to those who desire to know more of it we commend the pamphlet before us, which may be procured on application to Mr. Marchand.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

THE CINCINNATI LANCET-CLINIC:

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EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, July 26, 1890.

The Week.

A STAFF SUGGESTION.

THE taking of the decennial census directs attention to the continuous rapid growth of population in our cities, while the same source of information indicates an actual diminution of people in some of the richest agricultural regions.

This tendency to aggregation is not altogether the best thing that can take place for the people, but changed methods of industry, inventions of labor-saving machinery, especially of the class known as agricultural, has enabled the farmer to do with less hired help. The help not being needed except on special occasions, is practically driven to the towns and cities for an opportunity to earn the necessities of life for himself and family. The move is to a place where rents are higher, the garden that fed his family is missed, and purchased vegetables make fearful inroads on his weekly wages. This obliges him to obtain places for his children in factories and stores, or wherever they can earn even a modicum of their own cost of

living. The rewards for unskilled labor are so small that it is scarcely possible for these people to remunerate the physician that is called in to attend in cases of sickness. This has resulted in a demand for increased hospital and dispensary accommodations, until we find the number depending upon these institutions for physical relief is increasing in a compound ratio.

Those who are obliged to resort to these charitable institutions should be encouraged to make efforts at compensation. The amount they may be able to give may be very insignificant, but it has its benefits to the individual in producing a feeling of independence that should have a permanent abiding place in the heart of every American citizen. Nor should the city or state appoint and accept the professional services of physicians for the poor who depend upon the hospitals and dispensaries for care and treatment. There is not an employe in or about one of the hospitals or dispensaries that does not receive his or her weekly wages, save and except the visiting staff of physicians, whose services are of the greatest pecuniary value.

Such gratuitous service to the wards of the state is not given by our fellows of the legal profession. The veriest vagabond that robs a henroost or slays the most honored of our citizens, is provided by the state with an attorney to defend him. Nor is the attorney so provided a briefless or shiftless barrister, but is always one of the best at the bar. Large sums are expended every term of court for this very purpose of paying lawyers for defending, as well as prosecuting the criminal classes. At least an equal or greater amount should be paid for the services of the hospital and dispensary staff physicians.

Let any one conceive of the suffering

that is saved by these gentlemen, of the lives that have been prolonged by reason of their services, and who can or will say that they should not be compensated for their time and skill.

Attorneys are educated to believe that their services are worthy of financial reward, even when employed by public or private charitable institutions, and there is no good reason why members of the medical profession should not in like manner receive a compensation in the currency of our country.

If physicians make an appeal to legislative bodies for the enactment of laws in the interest of the people, as in sanitary affairs, the first utterance of the average law-maker, is to the effect that this is another scheme to benefit the doctors, showing that what our profession needs is a very much greater degree of worldly wisdom. This wisdom is attainable through a more efficient organization of all our members in county societies. The membership of these societies should embrace every practitioner of regular medicine within the several counties; this accomplished and any measure in the way of public legislation is attainable. Let it be understood that the medical profession of this state would vote as one man, only for men that were pledged to enact laws of justice to our members, laws granting a fair compensation for attendance on the poor, laws that would be protective from suits of mal-practice on the part of irresponsible persons, or for a lawyer's contingent fee. Let it be known to our political friends that the physician's vote at the polls in the state of Ohio is plus five thousand, and that those five thousand votes mean more than ten thousand for the head or legislative end of the ticket. And our friendly candidates, though at first seeing as through a glass darkly, will very soon have their vision

so altered as to see through the glass clearly.

Such a thorough organization would enable us to effect many reforms that now seem hopeless. An important one is in the management of our state lunatic asylums, every one of which should have a professional visiting staff. Each one of the five asylums in this state has about eight hundred patients in the care of a superintendent and two or three poorly paid assistants. Among all these poor unfortunates there is a vast amount of sickness and suffering, not only of a mental and nervous type, but of other diseases, many of which are both the direct and indirect cause of their mental ailments. These physical diseases can be much better diagnosed and treated by a visiting staff than is possible by a superintendent, whose business it is to supervise all purchases for the house, its heating, ventilation, stables, water-closets and pig-pens, the kitchens, cellars, and cooking, the laundry, cess-pools, and parlor, etc., etc. We believe in a medical superintendent to look after all these things, but when he does that he has no time to either make or direct pathological or histological investigations, hence none are made. From the very opening of Longview Asylum in this county to the present time, there has never been an inkling to show that a shadow of professional scientific work has ever been done within its walls. Nearly the same may be said of all the others. We know there are and have been skillful professional men in those places, but there has been a sluggish indifference to the doing of this sort of work that is truly lamentable. The cause for this may be attributed to the niggardly pay that is doled out to these men, and which lowers them and their attainments in their own eyes, and in like manner lowers

all professional work and the profession itself in their estimation. There is no stimulation to an onward and upward movement; no incentive to progress.

In this connection the valuable work of a visiting staff, with their following of students, would be of inestimable value. The condition of patients would be more accurately diagnosed, personal attention directed where it would do the most good. The autocratic authority of the superintendent would be under a supervision that would be wholesome in effect, and his fitness for the responsible position in which he is placed, could and should be made known by the staff to the appointing powers.

These appointments and boards of trustees should be non-partisan in character. The members of the visiting staff should have a compensation that would remunerate them for their time and skill in professional attendance at the asylums. This is quite as just as the payment of an attorney's fee for effecting a compromise over the adjustment of the disputed line fences or the disposal of the effects of a dead patient. A visiting staff would stimulate original scientific research; and in this way confer a great benefit on our profession at large.

Superintendents in charge may object and say such a staff would complicate the management. In that they err. Not only so, but the appointment of such a staff would bring them more in sympathy and close connection with their fellows, and they could thus obtain a coöperation in their own interests that would be to them of the greatest value. As it is, we never hear from them in any way; they never write for the current medical journals, they are rarely or never known in the local,

or county medical societies. In thirty years we have never heard of the superintendent or any of the assistants at Longview attending a single meeting of one of the Cincinnati medical societies. We all know that there have been in that time hundreds of cases in that institution that were of sufficient interest to report and offer for discussion.

Nor is Longview peculiar in the dearth of professional offerings of this nature, for we have no recollection of reports from the Dayton, Athens, Columbus, Cleveland, or Toledo Asylums.

This is not as it should be by a long way, and it seems to us the channel to a reformation is through the appointment of a visiting staff, with a corresponding appointment of internes. Such an act would primarily be in the interest of the patient inmates; next of the superintendent and assistants, and finally of medical science. And whatever may benefit medical science will correspondingly benefit all the people, and set forward the pegs of enlightenment in our civilization.

DR. HOELTGE's address before the Alumni of the Medical College of Ohio would have appeared in our pages at an earlier date, but was held back in hopes of our being able to also publish the address of Dr. Garcelon, of Maine, delivered on the same occasion.

The British Med. Journal says that, in consultations, the ordinary medical attendant should invariably lead the way, and should first enter the sick chamber. On leaving the room, after the interview is over, this order should be reversed.

ACCORDING to the *Pharmaceutische Post*, all of Warner's Safe Remedies in the Vienna pharmacies were recently seized and confiscated. The government is said to have taken this action because of the quack-like style of these so-called remedies.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending July 19, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Typhoid Fever.		Group.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	2	...	...	...	...	...	...	...
2.....
3.....
4.....	1	...	...	...
5.....
6.....	1	...	...	...	...	...	...	...	...	...	...	...
7.....
8.....
9.....
10.....	2	...	...	...	4	...	3	1	...	...	...	...
11.....
12.....
13.....	3	...	...	...	3	3	...	...	...	1
14.....	1	...	...	...
15.....
16.....
17.....	1	...	...	...	...	...
18.....	2	1	...	...	...	...
19.....
20.....	2	...	1	...	...	...
21.....	1	1	1	...	...	...
22.....
23.....	1	...	...	...	...	...
24.....	1	...	...	...	...	...	...	...
25.....
26.....	1	...	...	...	...	...	...	...	...	...
27.....	1	1	...	...	...	...
28.....	1	...	...	...	1	...	...	...
29.....
30.....
Public Institutions	1	...	...	...
Totals	3	...	1	...	8	...	14	7	7	...	1	...
Last week.	6	...	3	...	3	...	10	1	1	...	2	...

The following is the mortality report for the week ending July 18, 1890.

Cholera Infantum.....	9
Cholera Morbus.....	3
Diarrhoea.....	4
Enterocolitis.....	5
Other Zymotic Diseases.....	19-40
Cancer.....	2
Consumption.....	10
Marasmus.....	2
Other Constitutional Diseases.....	0-14
Heat Prostration.....	1
Bright's Disease.....	2
Bronchitis.....	6

Convulsions	7
Heart Disease.....	7
Liver Disease.....	3
Meningitis	4
Peritonitis	2
Pneumonia.....	4
Other Local Diseases.....	17—53
Deaths from Developmental Diseases.....	10
Deaths from Violence	5

Deaths from all causes.....	123
Annual rate per 1,000.....	19.68
Deaths under 2 years.....	33
Deaths under 5 years.....	48
Deaths for corresponding week of 1889....	138
Deaths for corresponding week of 1888....	118
Deaths for corresponding week of 1887....	189

J. W. PRÄNDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 92 cities and towns during the week ending July 18, 1890:

Diphtheria: Cincinnati, 14 cases, 7 deaths; Toledo, 8 cases, 1 death; Cleveland, 6 cases, 1 death; Steubenville, 4 cases, 2 deaths; Madison and Lima, each 4 cases; Dayton, 3 cases; Forest, 2 cases; 1 case each in Tiffin, Jackson and Mansfield.

Scarlet Fever: Cleveland, 6 cases, 1 death; New Lexington, 10 cases; Columbus, 6 cases; Whetstone, 6 cases; Toledo, Attica, Portsmouth, Middleport and Geneva, each 3 cases; Findlay, Madison and Clyde, each 2 cases; Cincinnati, Springfield, Lorain, Youngstown, Union City, Chester Hill and Cedarville, each 1 case.

Typhoid Fever: Cincinnati, 6 deaths, cases not reported; Roseville, 8 cases; Steubenville, 6 cases; Cleveland, 5 cases, 2 deaths; Springfield, 5 cases, 1 death; Celina and Upper Sandusky, each 3 cases; Amelia, Ada, Fostoria, Perrysburg and Chagrin Falls, each 2 cases; Jackson, Versailles, East Liverpool, Chester Hill and Millersburg, each 1 case.

Whooping-Cough: Cincinnati, 8 cases; Lorain, 6 cases; Delta, 4 cases; Doylestown, 3 cases; Versailles, 2 cases; Cleveland, 1 death; Youngstown, Lockland and Logan, each 1 case; Forest, "epidemic."

Measles: London, 5 cases, 1 death; Youngstown, 5 cases; Springfield, 4 cases; Cincinnati, Lynchburg, Ironton and Felicity, each 3 cases; Versailles, 2 cases; Logan, Findlay and Huron, each 1 case.

The following towns report no infectious diseases present: Aberdeen, Arcanum, Ashland, Ashley, Beverly, Cambridge, Carthage, Chicago, Coalton, Collinwood, Conneaut, Coshocton, Delphos, Fremont, Galton, Gallipolis, Glendale, Glouster, Hamilton, Kent, Mt. Vernon, New Carlisle, New Lisbon, New London, Oberlin, Ottawa, Plymouth, Smithville, Springboro, Sylvania, Urbana, West Liberty, West Salem, West Milton, Westerville and Williamsport.

C. O. PROBST, M.D., Secretary.

Medical News.

GLEANINGS FROM THE DIARY OF A PHYSICIAN IN CENTRAL AFRICA.

MEDICAL AND ETHNOLOGICAL NOTES ON MR. STANLEY'S NARRATIVE.

In Darkest Africa, as Mr. Stanley's Report to the Emin Pasha Relief Committee is called, is undoubtedly the book of the season, and is full of interest to medical men as well as to the general public. It has not the same thrilling and exciting interest as Mr. Stanley's previous account of his first journey across Africa, "Through the Dark Continent." The interest is of a more painful character, as chapter after chapter we follow the heroic little band of white men with their black followers through the most terrible difficulties, dire sufferings, and constant disappointments, in their efforts to accomplish an end which, though achieved, must have left behind an unexpressed sense of disappointment. The power of indomitable will and unbroken courage to overcome physical misery and suffering is shown in a remarkable manner in the leader of the expedition, Mr. Stanley. It is obviously he who inspired not only his English officers but the poor Zanzibaris and Soudanese, who through their suffering, learned eventually, as Mr. Stanley said, to acquit themselves like Romans.

The effects on the health of the expedition of the long weeks of march through the dark forest are strikingly described by Mr. Stanley in the following passage:—

"I was never so sensible of the evils of forest marching as on this day. My own condition of body was so reduced, owing to the mean and miserable diet of vegetables on which I was forced to subsist, that I was more than usually sympathetic. At this time there were about thirty naked Madis in the last stages of life; their former ebony black was changed to an ashy-grey hue, and all their bones stood out so fearfully prominent as to create a feeling of wonder how such skeletons were

animated with the power of locomotion. Almost every individual among them was the victim of some hideous disease, and tumors, scorched backs, fœtid ulcers were common, while others were afflicted with chronic dysentery and a wretched debility caused by insufficient food. A mere glance at them, with the malodor generated by ailments, caused me to gasp from a spasm of stomach sickness. With all this, the ground was rank with vegetable corruption, the atmosphere heated, stifling, dark, and pregnant with the seeds of decay of myriads of insects, leaves, plants, twigs and branches. At every pace my head, neck, arms, or clothes were caught by a touch creeper, calamus thorn, coarse briar, or giant thistle-like plant, scratching and rending whatever portion they hooked on. Insects also of numberless species lent their aid to increase my misery, especially the polished black ant, which affects the trumpet tree. As we marched under the leaves these ants contrived to drop on the person, and their bite was more vexatious than a wasp's or red ant's; the part bitten soon swelled largely, and became white and blistered. I need not name the other species—black, yellow, and red—which crossed the path in armies, or clung to almost every plant and fed on every tree. These offensive sights and odors were met day after day, and each step taken was fraught with its own particular evil and annoyance, but with my present fading strength and drooping spirits they had become almost unbearable. My mind suffered under a constant strain of anxiety respecting the fate of my twenty choice men, who were despatched as couriers to the rear column under Major Barttelot, as well as of the rear column itself. I had had no meat of any kind, of bird or beast, for a month, subsisting entirely on bananas or plantains, which, however varied in their treatment by the cook, failed to satisfy the jaded stomach. My muscles had become thin and flabby, and were mere cords and sinews. Every limb was in a tremor while travelling, and the vitals seemed to groan in anguish for a small morsel of meat."

For months the expedition was forced to subsist on the scantiest of vegetables—Indian corn, bananas, and manioc forming the staple articles of food. Bananas, Mr. Stanley speaks of as wholesome, but emaciation, ulcers, and sores of every description resulted from the deficiency of even this poor diet. In these desperate difficulties and sufferings, both the greatest solace and the greatest assistance were given by Surgeon Parke, the medical officer of the expedition. Mr. Stanley constantly speaks of him with affectionate respect. He thus describes his daily treatment of his patients in camp:

"This expedition possesses the rarest doctor in the world. No country in Europe can produce his equal in my opinion. There may be many more learned perhaps, more skilful, older, or younger as the case may be, but the best of them have something to learn from our doctor. He is such a combination of sweetness and simplicity; so unostentatious, so genuinely unobtrusive. We are all bound to him with cords of love. We have seen him do so much out of pure love for his 'cases,' that human nature becomes ennobled by this gem. He is tenderness itself. He has saved many lives by his devoted nursing. We see him each day at 8 a.m. and 5 p. m., with his selectest circle of 'sick' around him. None with tender stomach dare approach it. He sits in the centre as though it was a rare perfume. The sloughing ulcers are exposed to view, some fearful to behold, and presenting a spectacle of horror. The doctor smiles and sweetly sniffs the tainted air, handles the swollen limbs, cleanses them from impurity, pours the soothing lotion, cheers the sufferers, binds up the painful wounds, and sends the patient away with a hopeful and grateful look. May the kindly angels record this nobleness and obliterate all else! I greatly honor what is divine in man. This gift of gentleness and exquisite sensibility appeals to the dullest. At Abu-Klea our doctor was great; the wounded had cause to bless him; on the green sward of Kavalli, daily ministering to these suffering blacks, unknowing and unheeding

whether any regarded him, our doctor was greater still."

Surgeon Parke's precaution in vaccinating the whole of the members of the expedition on the voyage between Zanzibar and the Congo resulted in protecting them entirely from that scourge of Africa—the small-pox. None of his vaccinated soldiers or carriers suffered, though small-pox was sometimes raging around them.

The poisoned arrows of the dwarfs in the forest often made great havoc, and produced intense suffering, and sometimes death by tetanus. Sometimes, however, death was more rapid, and one instance is given of death within one minute from a mere pinhole wound.

Mr. Stanley is not able to give the scientific names of the plants or animals from which these poisons are extracted, but states that one of a pitch-like consistency and color is made out of a species of arum; another is decocted from ants, which are crushed into a fine powder, and mixed with palm oil. The treatment found successful in combating the poison was to suck and wash out the wound, and inject a strong solution of carbonate of ammonia, and to control the tetanic convulsions by hypodermic injections of morphine.

Mr. Stanley describes the fruits of the forest which served them on the long and painful marches instead of meat—which frequently they did not taste for weeks and even months—and which preserved the expedition from absolute starvation. Of these, a large bean, lying in a pod about ten inches long, afforded a good food when bruised, mashed, and boiled; a bread-fruit tree yielding a fruit as large and delightful as a water-melon, a kind of crab apple, nuts like horse-chestnuts, the cherry-like berries of the phrynium, grains of Paradise and figs were the principal foods, but the famine-stricken expedition were reduced to eating also ants, slugs, snails, field rats, and other noisome animals.

Ulcers, seemed to have been the chief cause of suffering and disablement, and when these occurred in the

feet they rendered the sufferer worse than useless, for he added to the burdens to be carried. The natives of the villages in the forests had the habit of plugging the roads leading to the villages with sharp poisoned spicula of wood. Malarial fevers, of course, as is usual, laid many low, but anæmia resulting from starvation seems to have produced the greatest havoc among the members of the expedition.

The most interesting people Mr. Stanley came across and describes in his journeys across the central forests are the pigmies or dwarfs, of whom all African travellers for thousands of years have had something to say, but no one has had such opportunities of describing them as has Mr. Stanley in his last journey. The following are the measurements of one of the captured dwarfs: "Height, 4 feet; round head, $20\frac{1}{4}$ inches; from chin to back over top of head, $24\frac{1}{4}$ inches; round chest, $25\frac{1}{4}$ inches; round abdomen, $27\frac{3}{4}$ inches; round hips, $22\frac{1}{4}$ inches; round wrist, $4\frac{1}{4}$ inches; round muscle of left arm, $7\frac{1}{4}$ inches; round ankle, 7 inches; round calf of leg, $7\frac{1}{4}$ inches; length of index finger, 2 inches; length of right hand, 4 inches; length of foot, $6\frac{1}{4}$ inches; length of leg, 22 inches; length of back, $18\frac{1}{4}$ inches; arm to tip of finger, $19\frac{3}{4}$ inches. His color was coppery, the felt over the body was almost furry, being nearly half an inch in length. His hands were very delicate, and attracted attention by their unwashed appearance."

A queen of the pigmies is described as of a light brown complexion, with broad round face, large eyes, and small but full lips, in height about four feet four inches; on holding her arms against the light they were seen to be covered by a whitey-brown felt. The pigmies live in villages formed of huts like low beehives. These villages are grouped together in camps, and every track leading from them is carefully guarded by scouts. These little people are extremely vindictive, and owing to their superior craftiness, their quick intelligence, and their knowledge of poisons, with which they daub their arrows, they are both formidable enemies and valuable allies. All tracks of the forest

lead through their encampments, so that it is necessary either to make friends of them or to have the power of fighting them.

Mr. Stanley had little opportunity of studying the races along the banks of the river Aruwimi which he ascended, as the villages were nearly always deserted either from fear, or from Arab raids, or the inhabitants had been decimated by some mysterious epidemic, and the survivors had fled from their homes, leaving only corpses behind.

It is with great interest that one turns to that part of Mr. Stanley's book in which he describes his interviews with Dr. Emin Pasha, the man for the relief of whom this tiresome journey was undertaken. We have all heard, in Mr. Stanley's recent speeches, how he lays the blame of the loss of the rear column and other misfortunes on the indecisions and vacillation of Emin Pasha. In a chapter devoted entirely to the study of Dr. Emin's character, Mr. Stanley does, we think, the ex-governor not only justice, but speaks of him with moderation and generosity. He describes him as a man of great patience, of uncomplaining long-suffering, and of extreme gentleness of disposition, but utterly devoted to scientific pursuits, and incapable, he thinks, of understanding men, and still less of degraded manhood of Egypt and Central Africa. He desired above all things to be loved rather than to be feared, to forgive rather than to punish, and to rule more than to command. Believing himself to be the hero of his troops, he refused to believe in their treachery, even when proved to him in the most obvious manner. Having stated in his letters, which have been published in Europe, that he would not return, even if a relief expedition were sent to him, and that he would stay with his people, whom he had served so faithfully for fourteen years, he refused to believe that these people had faded away, and when the relief expedition reached him, he kept deferring the day of departure, holding to the false belief that he was called upon to save an army of followers who to a man had become traitors. So unwilling was he to credit this fact,

and so great was his vanity and belief in his personal mission, that those who were most false had only to kiss his hand and make obeisance to receive forgiveness and to win his confidence. It was not till he became a prisoner in the hands of the troops he trusted, and that he was in danger of being transmitted to Khartoum as a slave, that Stanley and his officers persuaded him to quit the land, which, after long years of service, had treated him so ungratefully. Of Emin Pasha's subsequent behavior no explanation can be given. The very first day he returned to civilized life he met with a serious accident, which endangered his life, but owing to the devotion and skill of Surgeon Parke he completely recovered. From the day, however, since he entered the German Hospital to the present Mr. Stanley or his officers have not heard a word from him either of gratitude or friendship. Mr. Stanley speaks of Emin Pasha as a typical scientific man, precise, exact, spotlessly neat and clean in all his camp arrangements, a laborious note-taker, an inveterate pursuer of beetles, birds, and butterflies for the museums of Europe, and a careful observer of what he calls the "externals" of man—the size of his skull, height, color, etc. Whatever may be his shortcomings of character, Mr. Stanley says Gordon was happy in having such an officer, and he would like to have many such at the stations on the Congo.

It is impossible in a short notice to do full justice to a book of such deep interest and so full of interesting facts to the ethnologist, moralist, and geographer as *In Darkest Africa*, and not the least remarkable fact about it is that it was written within the space of fifty days.—*British Med. Journal*.

THOUGHT WEIGHING.

Starting with the idea that the hand varies sensibly in size with the amount of blood present in it at any moment, Prof. Mosso, the Italian physiologist, has made some most interesting investigations. In his first experiments the hand was placed in a closed vessel of

water, when the change in the circulation produced by the slightest action of the body or brain, the smallest thought or movement was shown by a rise or fall in the liquid in the narrow neck of the vessel. With a large balance, on which the horizontal human body may be poised, he found that one's thoughts may be literally weighed, that even dreams, or the effect of a slight sound during slumber, turn the blood to the brain sufficiently to sink the balance at the head. The changing pulse even told him when a professional friend was reading Italian and when Greek, the greater effort required for the latter duly affecting the blood-flow.

—*N. Y. Med. Times.*

DIETETIC VALUE OF MILK.

Dr. Robert Saundby (*Practitioner*) thinks that the dietetic value of milk is exaggerated, and that its use as the sole nourishment is unwise in protracted diseases. "I am informed (he says) that in Edinburgh it has been observed that typhoid fever patients keep their strength better and convalesce more rapidly when they are allowed bread and milk than when kept on plain milk. In Bright's disease I have quite given up the use of absolute milk diet, with advantage to my patients, and even in gastric ulcer I push on to a more substantial diet as fast as I can, with the best results."

A TEST for the purity of drinking water is given as follows by Prof. Angell, of the Michigan University. "Dissolve about half a teaspoonful of the purest white sugar in a pint bottle, completely full of water to be tested, tightly stopped; expose it to daylight and a temperature up to 70° Fahr. After a day or two examine, holding the bottle against something black, for floating specks, which will betray the presence of organic matter in considerable proportion."—*Practice.*

SOAP is a perfect antidote to carbolic acid poisoning. It should be taken in strong solution immediately after the acid is taken.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

MALIBRAN'S BATH.—One morning, at seven o'clock, I was in the Rue de Lerne at the Childrens' Hospital, and found the good Sisters of Charity in consternation. Dr. Jadelot had ordered an immediate bath for a child attacked by convulsions. This child resisted with such violence, that every time they attempted to dip it in the large bath pool it uttered frightful cries of pain, so that they feared it would die before they would give it its bath. What could be done? At this moment a beautiful young woman entered, and what was my astonishment when I recognized Madam Malibran. It was she, yes it was indeed; and on the occasion of this visit she wore the attire of a Spanish lady. The Sisters of Charity, who were used to her visits, explained the situation to Malibran, who approached the child who was almost frightened into convulsions and said in a caressing voice: "Ah, my little one. If I sing you a song, will you go into the bath and save your dear young life?" Much agitated, the child did not answer; in truth, it did not appear to notice the questioner. Then Madam Malibran raised her sweet voice and sang her celebrated romance "*Bonheur de se revoir*," and after this a bolero "*Io che son contrabandista*," a popular air full of passion and nerve. One may easily imagine the effect of this song in the shadowed cloister with the bare walls. It was as though Aurora's light illuminated and warmed up the cold shadows with its cheerful rays. The good Sisters had never enjoyed such a musical feast. They clasped their hands and raised their tear-bedimmed eyes heavenward, as though the voice was that of an angel. As for myself, I had the hallucination of dreaming, and imagined

that I was in the *salon* of Madam de la Builliere listening to the last accents of Semiramide and of Arsace. Oh! it was a delicious service.

But the child remained completely insensible to this prodigy of art and her kindly act of charity. It was too young to comprehend, or suffered too much to enjoy the singing, so that when the Sisters again approached to bathe it, the child threw up its arms like one possessed and screamed violently. "Ah! we can do nothing!" cried the Sisters. "Unless the child takes its bath it must die;" and they wept.

At this moment Madam Malibran's face lighted up with an angelic expression. A smile was upon her lips. She took the burning hands of the little fever patient and said: "Well, baby, if I go into the bath tub with you, will you not love the warm water?" At this the child ceased crying and nodded its head in token of assent. Immediately *internes* and students left the ward, while the good Sisters turned their backs to the great singer, who, dropping her clothing, took the child in her arms and entered the bath. Five minutes later the child slept peacefully on the shoulders of the adorable Malibran.

An hour later I met her as she was leaving the hospital. She perceived me and I commenced to compliment and praise her good work, when she cut my remarks short by saying: "Young man, keep this matter a secret. It is more difficult to embrace a rival than to do a good work."—[A. de Pontmartin, *Souvenirs d'un vieux Melomane*.]

THE PATIENT AND THE SURGEON.—A patient had an ulcer that gave him the most acute pain. Balms and ointments of all kinds were used, but all in vain; the malady increased from day to day. It soon became necessary to call a surgeon, who was a famous operator. Soon the surgeon arrived, and taking out his cutting instruments, placed his hands upon the suffering victim. Then the patient became furious and rolled his eyes in anger, uttering a thousand bitter reproaches against the operator saying cruel words such as "executioner! assassin!" But the surgeon kept calmly on

at his work, cutting the diseased flesh from the patient's body without heeding the vile vituperation.

Eight days after the operation a cure was obtained, and for the first time in many months the man walked without lameness. It was then that the surgeon came to visit him and said: "I am the assassin who assaulted you the other day, and on whom you desired to revenge yourself. I have come to submit to any penalty you wish to inflict in return for my cruelty."

The former patient was overpowered, but animated by gratitude at his perfect cure, he cried: "Do not reproach me for words uttered more in pain than anger. I owe you all my present health and happiness. I feel without your skill I should have died. You shall never be absent from my memory, and shall live forever in my heart." *Moral*: The roughness of a surgeon, when we are as infants in his hands, shocks and displeases us; but when reason returns to us we see that he really has benefited us.—[*Le Bailley*.]

A LITTLE MEDICAL DICTIONARY.—Absinthe: Genius for those who have not genius and death for those who have genius.

Accoucheur: The worker for a mother.

Bath: A preventive remedy for cleanly persons; a curative for many dirty people.

Chocolate: A confection into which very little enters, not even coca.

Credulity: The dysentery of belief.

Gastronomy: The art of eating and digesting correctly.

Impotent: Men in whom the verb, *to love*, is not an active verb.

Indigestion: Souvenirs of regret.

Tears: The blood of the soul.

Savant: A man who knows enough to be conscious that he is ignorant.

Wrinkles: The scars of life.

END OF THE SEASON AT THE SPA.—There is always the same dialogue at the end of the season at European mineral springs, *i. e.*:

"Doctor, I came to take leave of you."

"Already?"

"Yes. I have finished my twenty-two days' course of treatment."

"Well, how do you find yourself?"

"Oh about the same."

"Wait until you arrive in Paris; then the good effects of your stay will be manifest."

"Do you really think so Doctor?"

"I am sure of it. But one season here is not enough, for the first visit requires a second in order to fully evidence the good effects of our hydro-pathic treatment. This is only the prelude of what will follow."

"Ah?"

"Yes. It will be dangerous to remain in Paris too long before returning here. Your organization has received a stimulus that must find an echo in your return next season."

"But, Doctor, I was assured that you would cure me."

"Why, certainly. But your cure will be more artificial than genuine until next season. Until I bleach you out you will not be *perfectly* cured."

"Bleached? Well I think I am rather pale already."

"True, but you must return next season when you are stronger. Then you will really have confidence in me."

"Doctor, have you my bill ready?"

"Yes. Here it is."

The patient looks at the exorbitant charge and really turns deathly pale, and the doctor remarks: "Come again."

—[*Charles Monrelet.*]

AT THE EXAMINATION OF INTERNES. — Professor — "Tell me, sir, what if Eve had eaten a potato in place of an apple in the garden of Eden?"

Student—"She would have been *tubercular.*"

Professor—"Go to the head of the class!"

[TO BE CONTINUED.]

DON'T tampon the vagina in post-partum hemorrhages; it only converts the uterus into an elastic sac, into which all the life-blood will quickly drain.

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Original Articles.

THE INFLUENCE OF TYPHOID FEVER UPON VENEREAL DISEASES.

A Paper read before the Walnut Hills Medical
Society, May 27, 1890,

BY

A. B. ISHAM, M.D.,
CINCINNATI.

Some facts relating to typhoid fever and venereal diseases have claimed attention for years, but they have not before formed the subject of a paper for the reason that it seemed presumptuous to suppose that they could have escaped the observation of the profession, although medical literature may be explored in vain for any reference thereto. Considerable inquiry among members of the profession of ample experience and keen determination not having elicited information respecting any influence exercised by typhoid fever upon venereal disorders, it has seemed proper to submit for the consideration of this society a few cases which appear to afford a basis for the idea that typhoid fever exerts a modifying or curative action upon venereal diseases.

First will be noted its curative action upon gonorrhœa.

CASE I.

F. C., æt. nineteen, was taken down with typhoid fever, August 11, 1876, having passed through the prodromic stages of headache, epistaxis, malaise and hebitude. The typhoid symptoms were all well defined—abnormal temperature—highest in the evening, lowest in the morning, abdominal tenderness, gurgling in iliac fossæ, rose colored spots over the abdomen and chest, torpor,

muttering delirium and frequent ochre-colored stools, with hemorrhages towards the end of the third week. On the first visit, attention being called to the penis, the prepuce was found œdematous, the walls of the urethra inflamed, while there was a copious discharge of a yellowish purulent fluid from the meatus. The patient acknowledged gonorrhœal infection. No treatment other than cloths wrung out of cold water; wrapped around the penis, was ordered for the gonorrhœa. It had entirely subsided long before the patient was convalescent from his fever, and no trouble was ever after experienced from it. The treatment for the typhoid was mainly expectant, but carbolic acid and iodine tincture, one-half drop of the former and ten drops of the latter, were given every three hours to act as a germicide, disinfect the discharges and render the intestinal canal aseptic.

CASE II.

C. B., æt. twenty-two, exhibited pronounced typhoid indications September 14, 1882, with a gonorrhœal inflammation and discharge in full blast. No treatment for gonorrhœa other than cold, wet applications to penis; carbolic acid and iodine tincture for typhoid. Gonorrhœa disappeared before convalescence from typhoid fever, and never reappeared.

CASE III.

G. D., æt. twenty-five years, found prostrated with typhoid fever, gonorrhœa co-existing, July 23, 1885. Treatment the same as in cases one and two, with like result.

CASE IV.

H. G., æt. twenty years; laid up with typhoid fever and also gonorrhœa, December 12, 1889. Typhoid fever

treated with naphthol, but no other change from procedures in the other cases and result the same.

These four cases constitute the sum of experience with typhoid fever supervening during an attack of gonorrhœa. As illustrative of its effect upon the graver venereal affection, syphilis, attention is invited to the following two cases.

CASE I.

A. J. S., æt. thirty-one years; had passed through all stages of syphilis—chancres, syphilides, mucous patches, sore throat, tibial periostitis, and, had areas of alopecia. Was under specific treatment when taken with typhoid fever, October 17, 1879. Specific treatment stopped and carbolic acid and iodine tincture substituted. Recovery from typhoid fever was perfect, and there have been no indications of syphilis since, although he has had no specific treatment.

CASE II.

P. J., æt. twenty-three years, had been affected with chancre, papular syphilide, and sore throat. At the time he was taken with typhoid fever, September 5, 1885, he was under treatment for lung syphilis, was emaciated, had cough, muco-purulent expectoration of offensive odor, night sweats, fine crackling, and mucous râles and some dullness on percussion over the lower and middle portions of the left lung. At the outset of the acute febrile process, it seemed in the highest degree probable that phthisis pulmonalis held sway, but as the abdominal typhoid symptoms became more pronounced, the pulmonary trouble abated and the characteristic temperature curves of typhoid fever, in the days before antipyretics, were established. The disease was of a severe type, ran a protracted course, but with convalescence the patient became very robust, and has enjoyed the most vigorous health ever since.

It may be urged that gonorrhœa is a self-limited disease, and will run out of itself if left alone; but the case of gonorrhœa has not yet come to my knowledge

that has ceased of itself within a few weeks. Gonorrhœa existing in connection with other diseases, as pneumonia and acute rheumatism, has outlasted them in every instance, and required treatment in order to bring it to a close. The suggestion also has bearing that iodine and carbolic acid are excreted in the urine, and that, in consequence of their administration, the clap was cured through the resolvent action exercised upon the urethral mucous membrane by the flow of the carbol-iodized fluid over it, or by the germicidal properties of these substances upon the gonococcus. This, however, involves the concession of the same potency to naphthol, with which one case was exclusively treated. It is possible, of course, that a good treatment for gonorrhœa may be here revealed, but not at all probable, since all of these agents have been tried and found wanting when applied directly to the seat of the trouble by urethral injections. Yet it is also true that copaiba, which, when given internally, cures gonorrhœa in the majority of instances, fails of its effect when injected into the urethra. But anti-microbic influence has never been ascribed to it, and to some special inhibitory and resolving power over urethral inflammation must be accredited its beneficial action.

In both syphilitic cases the iodine tincture found exhibition, and to this substance, may be thought by some the amendment should be attributed. While iodine, combined with alkalies as the iodides, everywhere finds favor as the remedy, *par excellence*, in tertiary syphilis, it will hardly be accepted that so intractable a disease has been rendered latent or cured by a three weeks' course of tincture of iodine. On the contrary, uncombined, after long and ample trial, it has been discarded as inefficacious.

It is well recognized that after perfect recovery from typhoid fever, the former subject of it attains a condition of unusual vigor, and enjoys an immunity from disease for a considerable number of years. The common acceptance is that the disease, by causing depletion and waste of tissue through arrest of nutritive processes, has eliminated all peccant substances from the system, and

restored all organs to a perfectly normal-physiological state. The physical well-being and power of resisting disease which ensues after typhoid fever, however, is susceptible of another interpretation.

The pathogenesis of disease is being more and more narrowed, and microscopic organisms have assumed a proportion in relation thereto in indirect ratio to their size. The microbe of typhoid fever has been isolated, and the claim is made that that of syphilis has also been discovered, presenting characteristics by which any skilled microscopist may readily recognize it. The gonococcus of gonorrhœa has become a familiar entity, and its movements are now observed by microscopists with the same complacency as those of a playful kitten. These diseases, then, according to the most advanced scientific dicta, belong to the family of germ diseases. It follows then, that the special parasite which produces them, as is known to be the case with all forms of life, high or low, has a nemesis among its fellows which only needs to be encountered to insure destruction or abdication. In horticulture, as is cognizant to all, where parasites infesting plants become inimical to their cultivation, they are disposed of by the employment of antagonistic parasites, which are less prejudicial to plant growth and development. In combating germ infection in the higher animals, antagonistic organisms have not as yet come into prominence, although they promise to figure largely in the medical measures of the future. In the human subject one step in this direction has been taken recently. A Russian physician, whose name has been strangely withheld by the abstract editors of our medical press, has inoculated fourteen persons suffering from diphtheria with a cultivation of the microbe of erysipelas. His results are reported as very successful, twelve cases recovering, and in the two fatal cases the inoculations failed. Ricord, Depres, Busch, and Kleebatt had before employed cultures of the erysipelas coccus for inoculating malignant tumors, with results more or less favorable.

It is not altogether improbable then,

that the microbe of typhoid fever is a foe to other pathogenic forms, and by causing their extinction brings about the usually long-continued good state of health which ensues after a course of that disease. In this way it is possible to account for the amendment in the cases of venereal disease forming the basis for this paper. If any one is inclined to shrug his shoulders in regard to the germ origin of disease, it is only necessary to go backward a little to the ideas of special infecting principles, or viruses, or poisons. These will answer equally as well to frame a probable hypothesis of the eliminating element in these cases. The antagonism of poisons is too well appreciated in medicine to need elaboration, and a stand may be made upon it as upon an impregnable rock.

[FOR DISCUSSION SEE P. 133].

THE PAPILLARY MUSCLES OF THE HEART.

At a recent meeting of the Cambridge Philosophical Society, Mr. Adami communicated an important paper "On the Action of the Papillary Muscles of the Heart." By means of a special apparatus, which was described, Professor Roy and Mr. Adami have been enabled to study the action of the papillary muscles, and to show that these begin their contraction later than the bulk of the muscle fibres forming the ventricular wall. This being the case, a more perfect knowledge of the mechanism of the valves between the auricles and ventricles is obtained, and it is found that the forcible pulling down of these valves by the muscles exerts a very definite influence in modifying the contraction of the heart wall, and the intraventricular blood pressure. Further, it can be shown that the so-called "apex wave," the first secondary wave of the pulse, is due to the effect of the sudden sharp contraction of the papillary muscles upon the mitral valves, and so upon the intraventricular blood pressure; and an explanation is gained of the meaning of the "anacrotic" pulse.—*Brit. Med. Jour.*

FIBRO-MYOMA OF THE UTERUS.

A Paper read before the Cincinnati Medical Society, April 22, 1890,

BY

EDWIN RICKETTS, M.D.,

Professor of Gynecology and Abdominal Surgery, Cincinnati Polyclinic; Member of the British Gynecological Association, British Medical Association, American Medical Association, Cincinnati Obstetrical Society, etc.

Mr. President and Gentlemen:

This lady, aged fifty-one, widow, mother of four children, was, until the beginning of her present illness, enjoying perfect health.

In May, 1886, uterine hemorrhage began, lasting for seventeen days, then total cessation for about three months, when it would recur, lasting for four or five days, this state of things keeping on till the first week of May, 1887, when profuse hemorrhage began, lasting until the end of September, with the exception of sixteen days at different intervals, the longest consecutive period being four days; then cessation until the end of November, 1887, when the trouble again began, lasting three weeks.

During the year 1888 she was about two months free, and ill for three weeks, alternately, during the year.

The first week in May, 1889, flooding again began, lasting three weeks, at which time I first saw her in consultation. She was very anæmic, and had taken most all the known medicinal agents for uterine hemorrhage without deriving any benefit. The vaginal examination, digital and specular, revealed a hyperplastic cervix. The uterine cavity measured four and one-half inches by the sound, and conjoined manipulation showed that the uterine globe was enlarged and smooth, without adhesions. She did not suffer from pain peculiar in most cases to carcinoma of the uterus at any time since the beginning of the trouble in May, 1886.

On the 5th of June, 1889, Dr. Keyt, having made topical applications of Churchill's iodine to the cervix for four weeks, along with giving twenty

drops of fluid extract of ergot with five grains of chlorate of potash thrice daily without the slightest effect in controlling hemorrhage, I amputated the hyperplastic cervix according to the method of Martin, after having thoroughly curetted the endometrium, along with applying the Churchill's iodine to the same by means of the Martin syringe, which holds about twenty or thirty minims.

Notwithstanding all this, in less than three weeks the flooding returned in its former severity, lasting for six weeks, with alarming prostration. She improved somewhat, but with the exception of two weeks the hemorrhage continued, in spite of frequent washing out of the uterine cavity with a 50 per cent. solution of Monsell's solution, carried into the cavity after passing an old-fashioned catheter to the fundus, forcing gently the solution through the same by means of a two-ounce glass syringe. Previous to using the Monsell's solution vinegar washes were resorted to, along with tamponings, intelligently carried out by one of the daughters, who is a professional nurse. I was of the opinion that a vaginal hysterectomy, so soon as the patient's strength would permit, was the best thing to offer her. The curettings were offensive, and, unfortunately, were lost. The situation was fully explained to the patient, and she consented to a vaginal hysterectomy so soon as I thought she was able to undergo the same.

A liberal diet was ordered, along with stimulants, and she came into my house and was operated on January 8, 1890, in the presence of Drs. Reed, Hall and others.

The operation throughout was under strict cleanliness, chloroform being the anæsthetic used. After the cul-de-sac was opened with a small scalpel, the uterus being held firmly by the aid of Martin's catch-forceps, the retractors and speculum being held in place by assistants, interrupted ligatures were tied in sections surrounding the uterus, far enough from the uterus to cut away between the uterus and the row of ligatures. After freeing the uterus as much

as possible, it was turned out by grasping the posterior surface of the fundus with the Martin tenaculum, delivery being accomplished according to Schroeder. By this means the Fallopian tubes, broad ligaments and ovaries were brought lower into the field of operation, which is very desirable when applying the forceps to the broad ligaments and tubes. I used the Bantock and Wells forceps to do this. It did not take long to dissect the uterus from the bladder after first cutting away between the recently clamped broad ligaments and uterus. After cleansing the parts I packed the vagina with a strip of gauze to facilitate drainage. The patient was put to bed in good condition. For three days nothing but non-iced water was given. After the third day she was put upon a liberal diet of milk toast, eggs, beef-tea, coffee, tea with claret.

PATHOLOGY.

Myoma of the uterus is common, a benign tumor developing at the expense of white connective tissue in the muscular walls of the uterus, will result in the fibro-myoma. The muscular tissue cells of a myoma may be larger than those of the uterus, from which the tumor is developed (*Doran*).

Some pathologists claim that it is impossible to make a true distinction between fibro-myoma and sarcomata. In other words, *it is hard to say how soon a simple myoma or fibro-myoma may take on a sarcomatous condition*. The majority of fibro-myomas are present between the ages of twenty and fifty, and many a uterine hemorrhage coming on between has been looked on as heralding the "change of life." While I am not able to cite any records showing that death has resulted from fibro-myomatous bleeding, yet abortion has been the result, followed by repeated attacks of peritonitis, many times terminating fatally.

Peritonitis can manifest itself without being ushered in by pregnancy, and as a result we can have intestinal adhesions. With a pregnant fibro-myomatous uterus, a normal presentation may be changed to one abnormal, while the

placenta may adhere to the tumor and require forcible removal; contractions may be ineffectual and involution retarded. Lastly, the fibro-myoma may soften and disintegrate before parturition, this being followed by peritonitis. There may be torsion of the pedicle and consequent gangrene (*Phillips*).

Woodhead says: "The true myoma or leio-myoma in which there is a formation of even developed non-striped muscular fibres—these tumors are met with so much more frequently in the uterus than in any other position, that they *have been named uterine fibroids*. They may, however, occur in any position in which non-striped muscle is normally present, as in the gastro-intestinal tract, where they are seen as polypoid growths in the wall of the bladder, in the prostate, in old men, in the skin, especially of the scrotum, and in the kidney when they commence near the apices of the papillæ. These tumors may be small when they are rounded, or they may grow to be a considerable size when they become lobulated. Like most of the simple and slowly-growing tumors, they are enclosed in fibrous capsules. They are usually multiple, and may grow to an enormous size."

The typical uterine fibroid is a firm, fleshy, somewhat elastic mass growing in the muscular wall of the organ, in which case the tumor is usually pale, but sometimes brighter in color than the surrounding muscular tissue. In the smaller rounded tumors the muscular tissue is arranged in concentric laminas—an arrangement which can be easily discovered with the naked eye; but in the longer lobulated forms each lobule is composed of one of these concentric masses, and between them are the bands of fibrous tissues which run from the capsule and in which may be seen the blood vessels which pass into and nourish the new growth. In consequence of this laminated arrangement, the masses are frequently compared to balls of cotton in appearance. In the uterine wall the tumors occur in three positions:

1. Growing *in the muscular wall itself—intramural form*.
2. Growing *from the muscular tissue, beneath the mucous membrane—*

sub-mucous polypi—pushing the mucous membrane before it.

3. A similar polypoid growth on the outer surface of the uterus, which pushes before it the peritoneal membrane, *sub-serous* or *sub-peritoneal* myoma.

Tait says: "Having diagnosed a case of uterine myoma, what's to be done with it? That depends on the age and position of the patient, and the severity of symptoms. If the patient is under thirty, removal of the uterine appendages is to be at once accepted, as the proper course, for whether the symptoms be severe or not increase in growth is certain, and operative interference will be necessary sooner or later. The mortality of this operation at an *early* period is a mere bagatelle, and the certainty of cure is 95 per cent. After forty, if the hemorrhage is not very severe, and even if it is, a fair trial may be made of the use of salts of potash and large doses of ergot together with stringent confinement to bed during each period, and during the whole of its duration. This is of more use than anything else, and it is the reason why we are obliged to operate on *poor women when we do not on rich ones*, for the greatest kindness to a hospital patient, especially a woman, is to cure her speedily by the removal of the uterine appendages. Uterine tinkering, with injections of astringents or electrical currents, are dangerous, irksome, tedious and expensive, and whatever the good results are, they are not permanent."

Frank has made twenty-five consecutive vaginal hysterectomies without a death, and urges early operations along with Olshausen and others, even though the trouble be non-cancerous. In hysterio-epilepsy, where all other measures had failed, including the removal of the appendages, Frank has resorted to vaginal hysterectomy with success. He, with other operators, took the advanced ground that in any case necessitating the removal of the appendages the uterus should be removed by vaginal hysterectomy.

In those cases of prolonged pelvic pain due to pyo- and hydro-salpinx, accompanied with extensive adhesions,

which in many cases is so persistent after extirpation of the tubes and ovaries, vaginal hysterectomy is the only alternative.

In supra-vaginal hysterectomies undue tension of the stump and broad ligaments, along with pressure on the bladder, are the *greater* things to be considered.

In vaginal hysterectomy there is no tension of the stump and broad ligaments and no pressure of the bladder, while the drainage is all that can be desired, provided the patient be kept on her back, with the shoulders higher than the hips.

In my case it affords me pleasure to be able to say that no medicine, aside from keeping the wound cleansed with injections of warm water daily, along with a liberal diet after the third day, was given. The remedy that is so often illy used in these abdominal cases, morphia, was not administered. The ready assimilation of food, the bowels never failing to keep up the desired peristalsis, was convincing evidence that if you can get these patients along for forty-eight to seventy-two hours without morphia they will convalesce much more satisfactorily, unless they are addicted to the use of opium in some of its forms. Under such circumstances it is better to keep up its administration during convalescence.

We had no rise of temperature or pulse of any consequence, and since the operation she has gained fifteen pounds of flesh.

Dr. Oliver P. Holt, of this city, made microscopical sections of the specimen, examining the same and finding it to be fibro-myoma.

137 Broadway.

[FOR DISCUSSION SEE P. 132].

SALOL in ten grain doses, every three hours, is a splendid remedy in dysentery. So say Drs. Landon B. Edwards and Aaron Jeffery, of Richmond, Va., and we cordially indorse the statement.—*Med. Mirror*.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in syphilitic diseases.

THE RECOGNITION OF EYE-STRAIN BY THE GENERAL PRACTITIONER.

A Paper read before the Philadelphia County Medical Society, June 25, 1890,

BY

EDWARD JACKSON, M.D.,
PHILADELPHIA

The attempt to give relief from the symptoms of eye-strain by a careful trial, seriatim, of one's sedative, tonic, and alterative prescriptions, followed by experimentation with the formulæ of great professors found floating on the surface of medical journalism, does not usually bring much comfort to the patient or credit to the doctor. And that it is so frequently persisted in until the patient deserts his so-called medical adviser, and of his own notion takes his chances with the specialist or the charlatan, seems to argue an inability to recognize the connection of this group of symptoms with their cause. The worst evil of specialism is ignorance and indifference as to other departments of medicine; one of the most aggravated manifestations of this evil is the expressed indifference of so-called "general practitioners" toward the anomalies and diseases of the eye.

From time to time efforts have been made by ophthalmologists to secure a more general recognition of eye-strain on the part of the mass of the profession; but usually these efforts consisted in a recommendation of some special instrument or procedure of diagnosis, as the refraction ophthalmoscope, or the shadow-test, or a set of trial lenses, reduced in size and price to the supposed needs of the mass of the profession. If it were really necessary to apply such special means of diagnosis in order to recognize the presence of eye-strain, there would be little prospect of its early recognition. But it is frequently recognized by the patient himself, and the ophthalmic surgeon finds in the general rational symptoms quite sufficient grounds for a provisional diagnosis; and if the mind is clear from preconceived hypotheses as to the causes of the symptoms, tending

to divert attention from their real origin, there is no reason why anyone respectably qualified for general practice of medicine should not be able to make a provisional diagnosis with sufficient certainty to serve for the basis of further investigation and treatment, in the great majority of cases, without resort to any special method of examination whatever. Of course, the ophthalmoscopic evidence of ametropia, when it can be obtained, is very valuable as confirming such a diagnosis; and I do not under-estimate the value of the ophthalmoscope to the general practitioner, for I cannot regard anyone who is unable to use the ophthalmoscope as properly qualified for general practice. But I do say that inability to measure refraction with the ophthalmoscope is no reason for failing to recognize eye-strain.

The patient suffering from eye-strain comes with a certain history and certain complaints, which, carefully considered by the light of a very moderate knowledge of the subject, clearly indicate the cause of the trouble, in the great majority of cases. The symptoms in question may be considered separately.

Impairment of vision, either quite temporary, more prolonged, or quite permanent. A very characteristic form of temporary impairment of vision is that due to sudden relaxation of the accommodation. This occurs when the ciliary muscle has long been overtaxed, and especially in the latter hours of the day, when it is nearly tired out. The patient notices that the print or other near object on which the attention is fixed suddenly becomes blurred, compelling the cessation of the eye-work. After a moment, however, the power of again focussing the object returns, and work can be resumed. The patient is apt to close his eyes for an instant, and, perhaps, rub them, and on opening them finds the sight again restored. If the eye-work is continued, the failure of accommodation recurs, to again pass rapidly away; and keeping on with the eye-work, these periods of inability to see become more and more frequent, until, finally, they greatly interfere with the continuance of the work or

quite prevent it. This form of impairment affects only the vision for near work.

Another temporary impairment is that due to spasm of the accommodation; it affects distant vision only, and is noticed chiefly by those whose distant vision is otherwise pretty good. It comes on after prolonged straining of the eye, usually for near vision, and lasts until the eye has gotten well rested. It is a valuable danger signal, and should secure cessation from the work causing it until it has given place to normal relaxation. Permanent impairment of vision is brought about when eye-strain causes myopia or decided permanent damage of the choroid and retina.

Headache and aching of the eyes.—Eye-strain should be the first thought suggested by a complaint of headache, for in our day and civilization it is by far the most common cause of that symptom. It enters as a factor into the causation of nearly all headaches not due to pyrexia, toxemia, or diseases of the brain or its membranes. The simple existence of headache, therefore, should suggest eye-strain; but frequently a careful inquiry as to the manner and time of occurrence of the attack, and the location of the severest pain, will be almost as conclusive as to the origin of the trouble.

Often it comes on whenever the eyes are used, and is absent when they have had a proper period of rest. The occasions of most severe requirement in the direction of eye-work are the doing of anything requiring accurate near vision, taxing both the accommodation and the convergence; or travelling, shopping, attendance at public gatherings, which entail more use of the eyes than the patient is at the time conscious of, and often under unfavorable conditions.

Very often the chronological connection between the use of the eyes and the occurrence of the ache, although perfectly certain and evident when once it has been observed, has never been noted by the patient until his attention has been directly called to it. Even when the headache seems constant and quite uninfluenced by variations in the

amount of eye-work, it may be due wholly to eye-strain.

In hyperopia in young people the accommodation is in excessive use so long as the eyes are open and the attention fixed on any visible object; and hyperopia is the most common cause of constant headache. The writer was formerly subject to a constant headache whenever confined to the house, and regarded it as caused by breathing vitiated air, until it was quite cured by the correction of his hyperopic astigmatism. Many persons have the same idea as to the causation of the headaches they always experience when attending the theatre or other place of public amusement, and which are really due to eye-strain. Others ascribe these headaches, and those experienced in travelling or shopping, to exhaustion. This is nearer the truth, only they commonly have in mind a condition of general exhaustion, whereas it is largely one of local exhaustion of the special nervous apparatus concerned in the act of seeing.

The *location of the aching* is of some significance. Generally it is frontal, often described as beginning in the eye, or just back of the eye, or through the temples. Frequently it extends to the occipital region, and may sometimes be felt principally or wholly in that region. Headache most severe in the vertex or confined to that region is probably not very common from any cause, but from eye-strain it is almost unknown. Often the headache is more severe on one side of the head than the other. Sometimes it is entirely confined to one side, but usually it is bilateral.

Those more or less regularly periodical headaches, known as nervous or sick headache, migraine, or, when confined to one side of the head, hemi-crania, are in many cases set up by eye-strain and relieved by its removal. Attacks of this kind are frequently ushered in by certain interference with vision and subjective sensations of light, affecting a part or the whole of the visual field, and known as ophthalmic migraine. These visual disturbances are simply a part of the general "nervestorm," and it is not certain that they

especially indicate the origin of the attacks to have been eye-strain.

Congestion, irritability, or inflammation of the eyes and their appendages should always suggest the suspicion of eye-strain. A single attack or manifestation of this kind has no especial significance, but repeated attacks of inflammation, or prolonged congestion or irritability, are exceedingly suggestive of a continuing cause; and the most common of these is the one under discussion. No case of chronic inflammation of the margins of the lids, or of recurring conjunctivitis, or repeated styes, has justice done to it until it has been carefully investigated for eye-strain. Persons at the period when they begin to feel the effects of loss of accommodation in presbyopia or absolute hyperopia, suffer from repeated attacks of conjunctivitis which they commonly ascribe to "taking cold in the eye," but which are cut short by use of the appropriate lenses, and which, if unchecked, would tend to establish a chronic catarrhal condition which is a chief discomfort in the lives of many elderly people.

Of course, these conditions of ocular congestion and inflammation will be recognized by the usual symptoms of redness, swelling, and itching, smarting or burning pain. They often require especial local treatment, and will quite often be temporarily cured by this alone; but if the underlying cause is not removed they show a strong tendency to recur indefinitely, or until the accommodation is so far lost that the temptation to strain it is removed. It should be noted that usually headache and these local inflammatory conditions are not presented by the same case. They may coexist, but, more commonly, if one is decidedly present, the other is absent.

So far nothing has been mentioned for the diagnosis of eye-strain but the facts ascertained by questioning the patient, and from simple inspection of the eye. If, now, the physician's office contains — what every general practitioner's office should contain — a card of test-letters for accurately ascertaining the distant vision and a card of fine

print for ascertaining the near point of the eye, additional valuable evidence is easily obtainable. The trial of the distant vision will give indication of any considerable degree of myopia or astigmatism. But it must always be borne in mind that troublesome ametropia may be present without preventing perfect distant vision. The position of the near point, if farther from the patient's eye than his age would indicate, is pretty good evidence of strain of the accommodation. Evidence of strain of the external muscles of the eye, heterophoria, can be obtained by simply getting the patient to keep his eyes fixed on some object, near or distant, and covering one eye; then noting whether the covered eye deviates from its position of fixation, and especially whether it makes a quick movement to return to that position when it is uncovered.

Briefly to recapitulate, the common symptoms of eye-strain are:

Certain forms of impairment of vision.

Headache, which is to be studied with reference to the times of its occurrence and the parts of the head to which the aching is referred, with careful discrimination between the patient's facts and his theoretical explanation of them.

Chronic or repeatedly recurring congestion, or inflammation of the eye or its appendages.

And if to these symptoms are added the results of the simple tests of near and distant vision, and evidence of tendency of the eyes to deviate from their normal position when covered, a very good basis is furnished for the probable or provisional diagnosis of eye-strain, without recourse to any special apparatus or unusual diagnostic procedure. And in view of these facts there is no justification for the general practitioner who fails to recognize most of the numerous cases of eye-strain with which he is brought in contact.

SALICYLIC ACID IN MALIGNANT SCARLATINA.—It is stated that Shokowaki gave salicylic acid in 125 cases of malignant scarlatina, with a mortality of only three and one-half per cent.

Society Reports.

CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of April 22, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

EDWARD S. STEVENS, M.D., Secretary.

General Alopecia.

DR. B. M. RICKETTS presented a man with general alopecia. There was no hair upon his head, face, nor body. It began in the right parietal region, being first noticed by his barber. No cause can be found to account for it.

Sliver of Glass in the Peritoneal Cavity.

DR. JOS. EICHBERG showed a long sharp sliver of glass, exactly fitting a drinking glass, the edge of which was broken off. A patient was in the hospital with fibroid phthisis and a contracted liver. He had delirium and died in a three days. There were symptoms of peritonitis, but nothing to account for it until at the post-mortem examination. This sliver of glass was found between the stomach and liver, none of the parts being scratched. It was evidently bitten from the glass during his delirium.

Carcinoma of the Larynx.— Laryngectomy.

DR. MAX THORNER reported the following case: A lady fifty-one years of age, noticed that she was hoarse for a year. Finally she became aphonic, and had a troublesome cough. In the left ventricular band was a tumor like a cherry-stone. The vocal cord could not be distinguished as being in or upon the tumefaction. To give her the benefit of the doubt as to its being of a specific character, she was given the iodide of potassium. This did no good, and the tumor grew larger. He proposed an operation. Internal removal was out of the question. The question was to operate or not to operate. He explained

the risk in the presence of a number of friends, and it was decided to do the operation. A low tracheotomy was first done. The larynx was cleared of muscles. An incision was then made through the cricoid. There was a little bleeding. With the head over the table the operation was continued. A stomach tube was then introduced. Her temperature now was 99°, pulse 84, and respiration 24. She was fed by an enema of whisky and milk. Her temperature was between 99° and 100.4° until the third day when it went up to 102°. He then found the tube buried in the wound. It was removed and her temperature went down to 100.6°. She did well until the fifth day. She was given meat, and bread, and milk. At 3 p. m. her temperature had gone up to 104°. This was ascribed to the solid food. There was no pus in the wound. The expectoration was as after any tracheotomy. There was no pain nor dullness over the chest. Her temperature went down to 103°, and at 6 p. m. to 102°. Whisky was given hypodermatically. Collapse came on and she died of heart failure. No post-mortem examination was permitted. Pneumonia did not occur. She was not a strong woman, yet there was nothing to indicate disease. Death was probably from heart failure from breathing through the tracheal tube.

Supernumerary Uvula.

DR. J. H. THOMPSON said that supernumerary parts in the palate are not common, and he therefore wished to speak of one appearing at his clinic at the Miami College. The subject was a woman twenty years of age. She has a double uvula. It has never given any trouble. There are two complete structures, one anterior to the other.

DR. E. RICKETTS read a paper entitled

Fibro-Myoma of the Uterus (see page 126.)

DISCUSSION.

DR. C. A. L. REED witnessed the operation. Dr. Ricketts makes a statement that might be misleading. He speaks of the absence of the pain of

carcinoma. It would lead one to infer that carcinoma was very painful, yet the speaker could recall four cases free from pain, and some of them were at so advanced a stage that operation was out of the question. He lays stress upon the fact that he does not use morphine. Yet, if there is any class of cases that can do without it, it is these cases of vaginal hysterectomy. The paper is interesting, as bringing up another question: To what extent can hysterectomy be employed in the early stages of myoma? The electrical current seems to remedy some of the symptoms of this disease, but there is no reason why the tumor may not be removed early in its growth.

DR. R. B. HALL, referring to the use of morphine, said that the patient suffers little pain unless an ovary is caught in the clamp, and then it is excruciating. The essayist referred to supra-vaginal hysterectomy and its high mortality. It is almost impossible to bring the pedicle out without producing an undue tension upon the parts. He then described a new method of removing the tumor to avoid the usual difficulties of the operation. This will be detailed at another time.

DR. E. RICKETTS spoke of Dr. Hall's suggestion as a good one. He understood this undue tension of which he spoke; as to morphine, he thought it was too much used. Both it and ice interfere with digestion and assimilation.

DR. J. C. MACKENZIE reported a case of

Ascending Myelitis (see issue of July 19, page 66).

CAMPHOR AS A SOLVENT OF IODOFORM.

Dr. Audie-Sarzeau, in the *Pharm. Zeitung*, directs attention to the considerable solvent action of camphor upon iodoform. He found that it requires ten grammes of alcohol for the solution of .125 gramme of iodoform, yet the quantity of the latter dissolved is one gramme if the alcohol be first saturated with camphor.—*The Pharm. Journal*.

WALNUT HILLS MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of May 27, 1890.

The President, DR. CALDWELL, in the Chair.

DR ISHAM read a paper on

The Influence of Typhoid Fever on Venereal Diseases (see p. 123).

DISCUSSION.

DR. MITCHELL expressed his obligation to the essayist for calling his attention to the subject. Did not recall any case of typhoid with gonorrhœa. The antagonism of germs is not a new idea. Gonorrhœa is a self-limited disease, but in the cases related recovery was much more rapid than usual. This may possibly be due to the antagonism of germs, the continued high temperature or the change of tissue and formation of new cells.

DR. E. RICKETTS: If the fever had appeared during the secondary stage of syphilis, it would have had more bearing than appearing in the tertiary stage. If the typhoid had prevented the third stage the proof would have been more conclusive.

DR. B. M. RICKETTS: The subject is a very worthy one. Eight out of ten cases of gonorrhœa are secondary, and nine out of every ten cases, if put to bed and treated as typhoid fever, would get well; and if in the first few days it is not at all surprising to recover in five or six weeks. As to syphilis, when the typhoid appears in the later stage, it is difficult to draw any conclusion. Many cases of syphilis after passing through the three stages, will subside and remain quiescent for many years. Probably the severity of any disease appearing during the course of typhoid would be lessened. Syphilis is always more severe and the sequelæ more numerous in extremes of complexion. Nevertheless, the subject is of a great deal of importance. Did not believe that any case of primary gonorrhœa runs its course in less than six or seven weeks. Had seen a patient who masturbated twice a night, with a resulting gonorrhœa. We

may have gleet, with a chronic discharge, but do not have purulent matter as we do in gonorrhœa.

DR. POOLE: Had seen no cases personally. It had been noticed in secondary syphilis that any acute febrile disease appearing, the exanthem will fade away. Probably long continued high temperature is one of the important factors. The same result has been noticed in scabies. Did not think that typhoid had any more effect than any of the other diseases in this respect. The same action of fevers has been noticed in psoriasis; and as that is not due to a microbe, it is improbable that there is any antagonism of germs. But in syphilis when the exanthem fades, it appears later.

DR. CALDWELL: The number of cases is too small to base any deductions. Typhoid has no other effect than rest and diet on the disease, it being well known that rest, diet and the general treatment such as is used in typhoid, has a very beneficial effect on syphilis. When orchitis occurs in an attack of gonorrhœa, the latter subsides to be renewed at a later period. All gonorrhœal cases are self-limited. The most obstinate cases are the third or fourth attacks. The fact of the attack being primary or secondary, has no bearing on the duration. Abstinence from alcoholics rest in bed, and possibly high temperature, may have some effect on gonorrhœa. Could not see how it could have any effect on syphilis. Often the third stage symptoms are not seen. Probably there are only two stages of syphilis. Could not see how the typhoid could have any effect on venereal disease, except the enforced rest, diet and regularity of living, to which also is probably due the benefit derived from Hot Springs, etc. The number of cases do not warrant drawing any conclusions. Gleet is just as liable to be purulent as not. Usually gleet following gonorrhœa is not purulent, but that following excesses almost always is. Recalled a case of gleet that remained purulent thirteen weeks and a case of primary gonorrhœa with double orchitis cured in four weeks. The great majority of cases of secondary gonorrhœa

are cases of gleet due to strictures of large caliber, and exacerbations due to erosions, excesses, or strictures.

DR. THAD. A. REAMY entertained no doubt of the modifying or curative influence of typhoid fever over syphilis, and narrated the following cases:

In 1864 he had under his charge a gentleman suffering of tertiary syphilis, which had proved rebellious to treatment. In the autumn of that year he suffered from a severe and prolonged attack of typhoid fever. Convalescence was very slow, lasting about two months. When he had recovered, however, the syphilitic symptoms had markedly improved, and within six months, without further use of antisyphilitic remedies, had entirely subsided. The man remained well for several years, after which he passed from under his observation.

In 1875 a somewhat similar case occurred in his practice. In this instance however, the syphilitic disease was not of such long duration, although the tertiary stage had been reached, but as in the first case, the disease was rebellious to treatment. The man suffered a severe attack of typhoid fever, and from the date of his convalescence from the fever, syphilitic symptoms subsided, and he was apparently well within a few months.

OPERATION FOR SARCOMA OF THE LUNG.

After an interval of two years since the operation, Kroubin (*Centbl. für Chir.*) saw a case that he had operated on for recurrent round-celled sarcoma of the parietes of the chest and of the left lung, occurring in a young girl. The examination showed the girl to be perfectly well, and this case demonstrates that secondary sarcoma of the lung can be successfully removed, and that the healthy condition thus obtained has lasted for two years.

—*N. Y. Med. Times.*

ANDROLOGY and Oristory are the names to be adopted for genito-urinary surgery and dental and oral surgery, respectively.

Translations.

ON THE RELATION OF OCULAR AFFECTIONS TO GENERAL DISEASES.

[From Prof. Foerster's article in Graefe and Saemisch's *Handbuch der gesamten Augen Heilkunde*.]

TRANSLATED BY

CHAS. W. DODD, M.D.,
CINCINNATI.

Among the many American and English text-books on ophthalmology the above subject has been by most writers entirely neglected; as it is a department in ophthalmology which is of special interest to students and general practitioners of medicine, it seems to us a pity that the valuable work of Prof. Foerster (familiar to all German students) is so comparatively little known among Americans. Believing that the article would be of value to many readers of the LANCET-CLINIC, I have taken the time to make a condensed translation of Foerster's work, and herewith offer it for the benefit of those who do not read the mother tongue of the Kaiser.

CONSTITUTIONAL DISEASES AND DISEASES OF MAL-NUTRITION.

In general anæmia, we find the optic papilla presenting a pale color; the retinal vessels are thin, with an easily produced arterial pulse; later we find recurring retinal extravasations and sometimes neuro-retinitis and the condition of choked disc.

Anæmia gives rise to diminished accommodative power (accommodative asthenopia) and to retinal anæsthesia. In consequence of ischæmia retinae sudden blindness may result. Sometimes it may happen (after reduction of increased intra-ocular tension by means of an iridectomy) that the retinal arteries refill and vision becomes restored (*Graefe, Knapp*).

In pernicious anæmia retinal hemorrhages occur, and white extravasations or plaques are found in the retina. Aneurismal sacs are found on the capillaries.

Leucæmia can be followed by retinitis leucæmia.

Scrofula attacks only the lids, conjunctiva and cornea, as manifested in marginal blepharitis, conjunctivitis, and keratitis phlyctenulosa and ulcerosa; the other parts of the visual organ remain unaffected.

Marasmus following chronic profuse diarrhœa leads frequently, in young children, to necrotic destruction of the cornea.

Diabetes mellitus is followed in almost two-thirds of its cases by impairment of vision, to a greater or less degree; by rapid reduction of the accommodative power; cataract develops, usually commencing in the cortical or peripheral region; and further we meet with retinal hemorrhage, neuritis optica, retinitis, opacities in the vitreous, and paralysis of the ocular muscles.

Amyloid degeneration is met with in the lids; it attacks first the deeper portion of the conjunctiva and then passes to the tarsus.

DISEASES OF THE RESPIRATORY ORGANS.

Ordinary acute attacks of nasal catarrh, or cold in the head, are usually accompanied by catarrh of the conjunctiva; if the trouble becomes chronic in character the eye complication is likely to change to a catarrh of the lachrymal tract, with all its train of miseries.

In convulsive croup blood extravasations are occasionally seen in the lid tissues and under the conjunctiva, and sometimes strabismus results.

Catarrhal affections of the trachea and bronchi are sometimes accompanied by herpes cornea, or phlyctenular keratitis, as it is more commonly called.

In emphysema the retinal veins are swollen and retinal hemorrhages occur repeatedly; if death occurs from suffocation numerous fresh, small apoplectic spots will always be found on the retina.

Acute miliary tuberculosis can first be detected in the eye, and its absolute diagnosis can be made from tubercles discovered in the choroid. In general tuberculosis the choroid remains unaffected by tubercles, but they may be

found upon the iris, the conjunctiva, or lids.

In the Cheyne-Stokes phenomenon the pupils are smaller during the inspiratory pause, and do not contract any further by exposure to light; at the same time a vertical, pendulous rolling of the eyeballs is observable; at each expiration the pupils moderately dilate (*Merkel*).

DISEASES OF THE CIRCULATORY SYSTEM.

Hypertrophy of the left ventricle, from whatever cause, will develop retinal apoplexies and hemorrhages into the vitreous.

Endocarditis is generally the cause of embolism of the central artery of the retina, blindness being the usual result. If a thrombus is formed for only a short time before the mouth of the arteria centralis retinæ, a transient darkening of vision will occur (*Mauthner*).

Insufficiency of the aortic valve is almost always accompanied by an arterial pulse upon the optic disc, the appearance being a bending and stretching of the arteries; at the same time the venous pulse is stronger and more conspicuous. The arterial pulse is remarkably distinct, not only upon the face of the disc, but as far toward the periphery of the retina as it is possible to see with the ophthalmoscope. As many various conditions or qualities of the pulse can be seen in the retinal arteries as can be felt at the radius, an hyperæmia of the disc follows each systole and a distinct paleness each diastole of the heart; without insufficiency an arterial pulse never is seen, except in the case of a marked glaucomatous cup.

In fatty degeneration of the heart muscle, extravasation of blood is frequently met with beneath the conjunctiva, and the familiar arcus senilis is a constant attendant.

Atheromatous degeneration of the vessel walls is often recognizable through subconjunctival and retinal apoplexies; and when these are met with in a person of advanced age they furnish prognostic indications for the probabilities of cerebral apoplexy.

Degeneration of the vessels is fre-

quently complicated with disease of the uveal tract and glaucoma. Embolism of the central artery and thrombus of the vein may also result. Atheromatous degeneration of the walls of the carotid artery has recently been advanced as a cause of cataract. Aneurysm of the carotid and of the innominate trunk may give rise to contraction of the pupil on the corresponding side by pressure upon the cervical ganglion of the sympathetic nerve.

Acute disease of the blood-vessels, as, for instance, purpura, gives rise to retinal hemorrhages.

DISEASES OF THE DIGESTIVE ORGANS.

Affections of the teeth lead to loss of accommodative power as the result of increased intra-ocular tension through reflex irritation of the vaso-motor nerves. Further, phlyctenular and ulcerative keratitis frequently accompany the period of dentition; alveolar periostitis sometimes leads to metastatic suppuration in the orbit and choroid.

Hæmatemeses, setting up retro-bulbar neuritis, may be the cause of sudden blindness.

Abdominal plethora causes accommodative asthenopia and paralysis of the ocular muscles.

In the various diseases of the liver, complicated with icterus, as well as in the more harmless catarrh of the gall-ducts, retinal hemorrhages occur, but have no serious prognostication. In atrophic cirrhosis of the liver hemeralopia and pigment degeneration of the retina are found. In acute atrophy from phosphorous poisoning fatty degeneration leaves the retina studded over with numerous white patches.

In acute nephritis following scarlet fever; in chronic inflammatory enlargement of the kidneys after eclampsia; and most frequently in the contracted kidney, we find retinitis albuminurica. Kidney disease is often first diagnosed by the ophthalmoscope. Uræmic amaurosis appears most frequently in acute croupous nephritis and in the contracted kidney; likewise the cause of sudden blindness in the parturient woman is undoubtedly uræmic amauro-

rosis, the cerebral visual centre being affected.

DISEASES OF THE REPRODUCTIVE ORGANS,

and the eye complications resulting therefrom are naturally most frequently met with in the female sex.

Masturbation leads to a variety of eye affections—conjunctivitis, blepharospasm, hyperæmia of the optic nerve, amblyopia, flashes of light and floating spots before the eyes.

Following gonorrhœa, relapsing iritis is a common occurrence; and gonorrhœal conjunctivitis is pretty certain to result from direct infection of the discharge on the conjunctiva.

Derangements of menstruation bring on scleritis, neuro-retinitis, and atrophy of the optic nerve; most commonly, however, they cause trouble in the uveal tract—iritis, irido-choroiditis, and choroiditis disseminata. Uterine displacements and versions sometimes set up ocular hemorrhages. Severe metrorrhagia, like hæmatemesis, excites retrobulbar neuritis, resulting in blindness. Atrophy of the nerve is sometimes the accompaniment of sterility; and exophthalmic goitre or Basedow's disease is also dependent upon deranged sexual organs. Uterine affections may be the cause occasionally of spasm of accommodation.

In chronic atrophic parametritis, especially in sterile women, a reflex hyperæsthesia frequently attacks the trigeminus and optic nerves, known as copyopia hysterica; the trouble is not curable, but, as a rule, ceases of itself after sixty years of age.

Hysteria brings on conditions affecting the eyes, such as blepharo-spasm, mydriasis, muscular paralysis, color-blindness, amblyopia and amaurosis.

During the latter months of pregnancy, impairment of vision is not an uncommon occurrence, the cause being an albuminuric retinitis or a uræmic amaurosis; the optic nerve may itself be inflamed. A difficult labor may bring on suppurative keratitis, or even panophthalmitis, through a septic embolism. During lactation, corneal and conjunctival inflammations arise, and

sometimes iritis. At the climacteric period severe inflammation and destruction of the choroid will sometimes be met with.

DISEASES OF THE NERVOUS SYSTEM.

Apoplexy in the brain develops associated deviation of the eyes and causes hemianopia; scarcely ever, however, choking of the nerve.

In general cerebral hypertrophy choking of the retina occurs through pressure of cerebro-spinal fluid into the subdural sheath of the optic nerve, and strangulation of the nerve itself follows.

In meningitis a paralysis of all the eye muscles can occur; and, by extension of the inflammation along the nerve sheaths, neuritis, choroiditis, and irido-choroiditis may be set up. Exudative material surrounding the chiasm or the tractus may bring on atrophy of the nerve. Children are most likely to be thus injured in consequence of meningitis. Inflammatory exudation passing through the superior orbital fissure will develop an orbital cellulitis and exophthalmus.

Epidemic cerebro-spinal meningitis is at its commencement accompanied by conjunctivitis and œdematous swelling of the bulbar conjunctiva. Myosis occurs from irritation of the motor-oculi nerve, but later this irritation gives way to paralysis, and we find the characteristic symptoms existing, namely, mydriasis, ptosis, loss of accommodation, and the eyeball looking downward and outward.

Cerebral tumors are frequently the cause of choked disc or stauungs-papilla; but the non-existence of this symptom is no evidence against the presence of such growths. Depending on the seat of a tumor, we may have various symptoms developed—hemianopia, atrophy or paralysis of the muscles—but to correctly localize the seat of a tumor from these symptoms is not always easy. Absolute or complete paralysis of a nerve points rather to a tumor at the base of the cranium, while a paresis of several nerves points more to the growth being within the brain substance (medullary).

In a case of hemiplegia, with paralysis of the motor-oculi of the opposite side, the probable cause is a tumor located on the same side with the ocular nerve affected, and in the region where the motor-oculi passes beneath the crus cerebri. One-sided mydriasis is sometimes an early indication of approaching cerebral trouble; later, other symptoms are observed, like hemianopia, central scotoma, neuritis, and atrophy.

In dementia and melancholia the papilla is frequently anæmic, while during maniacal attacks the vessels of the fundus become so congested that the nerve sheath is occluded.

In paralysis of the insane various degrees of atrophy of the optic nerve are met with.

In epilepsy, at the commencement of an attack, the pupil dilates, owing to excitation of the cervical sympathetic during the seizure; the retinal arteries are much contracted in calibre, and after the stage of excitement the eyeballs roll slowly toward the opposite side to which the head is directed. Following an attack, extravasations of blood are found under the conjunctiva.

In injuries of the spinal cord intense hyperæmia of the papilla may occur; its outlines become indistinct, and the veins become very tortuous in their course; optic neuritis may arise.

Tabes is very frequently associated with optic nerve atrophy; according to Prof. Leber, this is true in about 26 per cent. of the cases of atrophy. Atrophy frequently precedes all other symptoms of tabes, and may remain for a long period the only indication of the disease; it never begins with central scotoma, but with contraction of the visual field from the periphery inward, and extends from the optic nerve to the tractus and to the corpora geniculata. Tabes manifests itself by sensitiveness of the patient to bright light, and improvement of vision in the dark; the pupils are frequently contracted and of unequal size. A very early symptom is the reflex pupillary cataract, or Argyll-Robertson pupil.

Eczematous and impetiginous exanthema may involve the eyelids, leaving

behind deformities of the lids; the conjunctiva and cornea are also occasionally implicated. Chronic skin eruptions promote the development of cataract.

Facial erysipelas sometimes involves the orbit, causing abscess and even atrophy of the optic nerve.

Rheumatism leads frequently to recurring iritis and disseminate choroiditis; also, though less frequently, to parenchymatous keratitis and scleritis. We also find in connection with rheumatism, paralysis of the orbital muscles and loss of accommodation.

In rheumatoid arthritis the eye is likely to suffer from embolism.

Gout likewise causes serious conditions of the eyes. The uveal tract is attacked and glaucoma results. Scleritis is a common symptom. After the use of alcoholic drinks a short attack of congestion of the eyes follows, the eyes having the feeling of sand being under the lids.

INFECTIOUS DISEASES.

Measles is accompanied at the onset by catarrhal conjunctivitis, and is likely to leave behind corneal inflammation and blepharitis.

In the first stage of scarlet fever the conjunctiva is likewise affected. In the period of desquamation, albuminuric retinitis is sometimes observed, and sudden brain symptoms occur, blindness being of uræmic origin. Accommodative asthenopia is a frequent result of scarlet fever, passing away in time, but remediable by convex glasses while it lasts.

Eye complications are also always met with in variola, a commencing conjunctivitis passing frequently into a severe blenorrhœa; blepharitis and extravasations into the lids occur. If the pustules of the disease appear anywhere upon the eye, the usual seat is the limbus conjunctivæ; they rarely appear on the palpebral conjunctiva. As after-complications, we sometimes see serous iritis, glaucoma, neuro-retinitis nephritica, and affections of the lachrymal tract.

Pemphigus frequently results in most serious destruction of vision, the blebs attacking both ocular and palpe-

bral conjunctiva, resulting in extensive firm attachments; the lids grow fast to the ball, and the margins of the opposing lids uniting with one another, causing the condition known as ankyloblepharon; plastic operations rarely prove of any lasting benefit.

Typhoid fever seldom has eye complications, though the following do sometimes result: corneal abscess, owing to a low state of vitality in the patient; choroiditis and haziness of the vitreous; transient blindness, and, exceptionally, suppurative iritis and choroiditis; during convalescence the eye muscles occasionally show paresis.

Recurrent fever is apt to involve the uveal tract.

Following diphtheria, we meet with paresis of the accommodative and recti muscles; they occur suddenly and are of short duration, passing from one muscle to another, first appearing after the local process has disappeared.

Malaria develops choroidal changes and central scotoma.

In cholera the conjunctiva is very dry and of a dark red color; the lachrymal gland fails in its function, and owing to this fact it is said that the "cholera patient never weeps." Below the lower margin of the cornea dirty blue spots appear in the sclera. Owing to a failure of the lids to keep the cornea moist, necrosis of the cornea sometimes results. During convalescence accommodative weakness is usual.

In pyæmia we are likely to find suppurative choroiditis and retinitis; also following puerperal fever and inflammation of the umbilical veins in the new born, or in caries at the base of the skull.

Syphilis may attack all portions of the eye and its appendages. Most frequently the eye becomes involved during the secondary period, and in the form of iritis or choroiditis disseminata; scleritis and diffuse retinitis are often seen; ulcerative keratitis is never caused by syphilis, but the parenchymatous form is the common manifestation of the hereditary variety. Owing to cerebral growths of a syphilitic nature, we find amaurosis and paralysis of the orbital muscles occurring; atrophy of

the optic nerve is also a later development, never occurring earlier than a year or two after infection, and usually much later. From direct inoculation of syphilitic virus we meet with primary lesions on the lids and conjunctiva.

Many drugs in common use lead to amblyopia and amaurosis, such, for instance, as tobacco, alcohol, lead, quinine, carbolic acid, and opium; carbon-disulphide and chlorinated sulphur have similar effects upon workers in the manufacture of rubber goods; bromide of potassium, salicylic acid and iodoform have also deleterious effects.

Meat poisoning has caused paralysis of the ciliary and of the pupillary muscles.

Intoxication from santonine and picric acid causes shortening of the violet end of the spectrum and yellowish vision.

THE CORTICAL MOTOR CENTER AND THE INTRA-CEREBRAL FIBRES WHICH PROCEED FROM IT.

1. There exists a cortical motor center for the larynx in each cerebral hemisphere.

2. This center is located at the foot of the third frontal convolution of the fissure which separates it from the ascending frontal.

3. The fibres originating from this center pass to the level of the external part of the knee of the internal capsule, forming in the geniculate fasciculus a motor laryngeal fasciculus, independent of the fasciculus for aphasia and the hypoglossal fasciculus.

4. The laryngeal center has a crossed action. Its destruction determines total paralysis of the vocal cord of the opposite side (cadaveric position).—GAREL, *Four. of Laryngol. and Rhinol.*, May, 1890.

THE *Chicago Tribune* tells of a Missourian who died from having gorged himself with veal and hard cider. He was a member of several societies, all of which passed resolutions imputing his removal to Divine Providence.


THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

TERMS, \$3.50 PER ANNUM IN ADVANCE.

 All letters and communications should be addressed to, and all checks, drafts and money orders made payable to

DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, August 2, 1890.

The Week.

NUTRIENTS.

THE season of universal languor, and commonly designated as the dog days, is upon us. The heat, with its sequences in the form of headaches, prostrations and bowel complaints, accompanied with a common failure of appetite, makes every one feel that a visit to the northern lakes, the mountains, or seashore is essential to health and comfort. This is intensified in Cincinnati, because of the lack of an abundant water supply, which in turn restricts bathing; while the unusual drouth of the summer has shortened the vegetable and fruit supplies, so that the discomforts of those who are obliged to remain at home are very much increased.

The subject of diet and nutriment is one that continuously confronts the medical practitioner. The babies and their mothers are like the poor, always with us; and always claim the physician's attention in tiding them through the season.

In nothing is the inexactitude of the

science of medicine so clearly shown as in the treatment necessarily given to the baby and its mother. And right here is illustrated the superiority of the judgment of some physicians over others, for there is no cast-iron and rigid law that will answer in the way of treatment for all alike. Sometimes, though rarely, the mother's milk is not the very best food for her infant; while the same youngster placed at the breast of a wet nurse, will thrive beyond all expectation. Again, there are times and instances when the mother is without milk and a wet nurse not available, and the doctor is called in to advise as to the best substitute. Usually his first thought is of a pure cow's milk sterilized and properly diluted with sterilized water. This is a diet that meets the want in many a case, but there are infants, just as there are adults, with whose digestive organs milk does not agree, but acts as an irritant, almost as a veritable poison. For these infants, that are to be the fathers and mothers of a succeeding generation, some scientists have wrought in their laboratories early and late, racking their brains to invent a nutrient that would meet the wants of these little creatures, and the results of their labors are worthy of all commendation.

Mr. John Carnrick, of the firm of Reed & Carnrick, has not only given years of time and labor, but spent one fortune after another in carrying out his determination to be able to manufacture an infants' and invalids' food that would meet the wants of the increasing hosts that cry for an artificial nutrient in order that they may live and breathe the breath of life. Lacto-preparata, a result of his almost more than intelligent labor, is sent forth to the medical profession to meet the wants of the baby world that cannot be fed at the maternal fount, or

take a substitute in the form of sterilized cows' milk.

Messrs. Doliber, Goodale & Co., are to be ranked right in the front with Mr. Carnrick in this all important field of labor, and give to the infant world their Mellin's food. And so of other, perhaps, less prominent scientists and manufacturers in this line, every one of whose preparations is adapted to particular cases and none of which are invariably good for all.

Then there are the mothers of nursing infants and the army of dyspeptics and invalids with weak and feeble digestive powers, who are ever on the doctors' hands, and in his office with their tales of woe; of restless, sleepless nights, and melancholy days; whose lives are a burden, and furnish contributions to the unhappiness of others to a degree that is not measurable. The stomachs of these people must be fed, and if possible, their lives made both tolerable and a source of pleasure to those with whom they are associated. Very often the extreme cases of this class are best nourished with the infant foods mentioned, while for very many others, the Ale and Beef Peptonized preparation will be found to be just the thing. The small percentage of alcohol with this malted beef extract, is sufficient to tone up, stimulate, and strengthen the fagged and languid digestive organs.

Colden's beef meets the indications in other instances. And the same may be said of a number of other preparations that are valuable and have their place in the physicians list of nutrients for invalids.

To this list should be added the Maltine and other malt preparations that are frequently of the greatest service.

The physicians and chemists who have entered this inviting and boundless

field have done a work of which they may well be proud. The results obtained in their products are worthy of the very highest commendation, while we know that no one is a nostrum for all, or anything like all cases, and it is right here that the skilled judgment of the successful practitioner comes in and does his patients the most good, by directing them how, when and what to eat to live.

THE *Medical Mirror*, of St. Louis, is the journalistic marvel in medical literature. Its editor, Dr. I. N. Love, is ubiquitous; we see and hear of him wherever there is an important medical society meeting. Like *The Mirror*, he always gets there, and, what's more, everybody seems to know him.

DIED.—William Brodie, Ex-President of the American Medical Association, died in Detroit, July 30.

AMERICAN DERMATOLOGICAL ASSOCIATION.

The fourteenth annual meeting will be held at Richfield Springs, N. Y., September 2, 3 and 4, 1890.

The meetings of the Association will be held in the parlors of the Spring House. The following is the programme:

FIRST DAY—TUESDAY, SEPTEMBER 2.

Business Meeting (*with closed doors*) at 9:30 a.m.

Report of Council.

Nomination of Officers for the ensuing year.

Appointment of Auditing Committee.

Proposals for Active and Honorary Membership.

Miscellaneous Business.

Morning Session at 10:30 a.m.

Address by the President, Dr. P. A. Morrow.

"Observations on Prurigo, Clinical and Pathological," Dr. R. W. Taylor.

"Prurigo in the Negro," Dr. R. B. Morrison.

"A Clinical Study of Pruritis hie-malis—Winter Itch, Frost Itch, etc.," Dr. W. T. Corlett.

"A Study on Pruritus," Dr. E. B. Bronson.

Afternoon Session at 3:30 p.m.

Note relative to a case, probably of "Cancer en cuirasse," Dr. J. N. Hyde.

"A Case of Atrophia maculosa et striata following Typhoid Fever," Dr. F. J. Shepherd.

"Electrolysis in the Treatment of Lupus vulgaris," Dr. G. T. Jackson.

SECOND DAY.—WEDNESDAY, SEP-
TEMBER 3.

Business Meeting (*with closed doors*) at 9:30 a.m.

Report of Treasurer and Auditing Committee.

Election of Officers.

Election of Active and Honorary Members.

Selection of Time and Place of next Meeting.

Miscellaneous Business.

Morning Session at 10:30 a.m.

Report of Committee on Statistics.

Report of Committee on Nomenclature.

"Immigrant Dermatoses," Dr. J. C. White.

"Notes on some Rare Cases," Dr. G. H. Fox.

"Cases of Cutaneous Tuberculosis, with Histological Studies," Dr. J. T. Bowen.

"Cases from the Hopkins Hospital Clinics,"

Dr. R. B. Morrison.

"Plica," Dr. H. W. Stelwagon.

"Treatment of Erysipelas," Dr. C. W. Allen.

THIRD DAY.—THURSDAY, SEP-
TEMBER 4.

"Remarks on the Treatment of Dermatitis herpetiformis," Dr. L. A. Duh-ring.

"Notes on Pilocarpine in Dermatology," Dr. H. G. Klotz.

"Treatment of Ringworm and Favus of the Scalp," Dr. H. W. Stelwagon.

"Report on Aristol," Dr. C. W. Allen.

Retirement of Old and Induction of Newly Elected Officers.

OFFICERS FOR 1890.

President—Prince A. Morrow, M.D., of New York.

Vice-President—George H. Tilden, M.D., of Boston.

Secretary and Treasurer—George Thomas Jackson, M.D., of New York.

The weather permitting, the following excursions will be taken:

1. After the adjournment on Tuesday, a drive around Lake Canadarago.

2. After dinner on Wednesday, a coaching and steamer trip to Coopers-town.

A GOSSIPY Philadelphia paper says that: "Many years ago, after he had worked in vain for two or three years to get enough medical practice to support him, Dr. D. Hayes Agnew dropped physic in disgust, and went to 'keeping store,' at Newtown, Delaware County. There, in a small shop, he sold tarred rope, sickles, sugar, tea and sun-bonnets, molasses and rakes, nails and flour and fish-nets. But his passion for surgery and medicine made country store-keeping galling; he gave it up, risked starvation in a desperate battle with fortune again, and won."—*Boston Med. and Surg. Journal*.

REDUCED rates are *only* for those who pay *in advance*.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

HEALTH DEPARTMENT OF
CINCINNATI.Statement of Contagious Diseases
for week ending July 25, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	2	1	1	1	3	1	1	1	1	1	1	1
2.....	1	1	1	1	4	1	1	1	1	1	1	1
3.....	1	1	1	1	1	1	1	1	1	1	1	1
4.....	1	1	1	1	1	1	1	1	1	1	1	1
5.....	1	1	1	1	1	1	1	1	1	1	1	1
6.....	1	1	1	1	1	1	1	1	1	1	1	1
7.....	1	1	1	1	1	1	1	1	1	1	1	1
8.....	1	1	1	1	1	1	1	1	1	1	1	1
9.....	1	1	1	1	1	1	1	1	1	1	1	1
10.....	1	1	1	1	1	1	1	1	1	1	1	1
11.....	1	1	1	1	1	1	1	1	1	1	1	1
12.....	1	1	1	1	1	1	1	1	1	1	1	1
13.....	1	1	1	1	1	1	1	1	1	1	1	1
14.....	1	1	1	1	1	1	1	1	1	1	1	1
15.....	1	1	1	1	1	1	1	1	1	1	1	1
16.....	1	1	1	1	1	1	1	1	1	1	1	1
17.....	1	1	1	1	1	1	1	1	1	1	1	1
18.....	1	1	1	1	1	1	1	1	1	1	1	1
19.....	1	1	1	1	1	1	1	1	1	1	1	1
20.....	1	1	1	1	1	1	1	1	1	1	1	1
21.....	1	1	1	1	1	1	1	1	1	1	1	1
22.....	1	1	1	1	1	1	1	1	1	1	1	1
23.....	1	1	1	1	1	1	1	1	1	1	1	1
24.....	1	1	1	1	1	1	1	1	1	1	1	1
25.....	1	1	1	1	1	1	1	1	1	1	1	1
26.....	1	1	1	1	1	1	1	1	1	1	1	1
27.....	1	1	1	1	1	1	1	1	1	1	1	1
28.....	1	1	1	1	1	1	1	1	1	1	1	1
29.....	1	1	1	1	1	1	1	1	1	1	1	1
30.....	1	1	1	1	1	1	1	1	1	1	1	1
Public Institutions	1	1	1	1	1	1	1	1	1	1	1	1
Totals	5	1	8	1	7	16	4	5	1	2	1	2
Last week.	3	1	1	1	8	14	7	7	1	1	1	1

The following is the mortality report for the week ending July 25, 1890.

Cholera Morbus.....	1
Cholera Infantum.....	8
Diarrhoea.....	6
Typhoid Fever.....	5
Other Zymotic Diseases.....	11-31
Cancer.....	2
Marasmus.....	2
Consumption.....	19
Other Constitutional Diseases.....	0-23
Enteritis.....	1
Gastro-Enteritis.....	3

Heart Disease.....	3
Meningitis.....	6
Peritonitis.....	1
Pneumonia.....	6
Other Local Diseases.....	17-37
Deaths from Developmental Diseases.....	12
Deaths from Violence.....	10

Deaths from all causes.....	113
Annual rate per 1,000.....	18.00
Deaths under 2 years.....	32
Deaths under 5 years.....	39
Deaths for corresponding week of 1889....	111
Deaths for corresponding week of 1888....	115
Deaths for corresponding week of 1887....	178

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 81 cities and towns during the week ending July 25, 1890:

Diphtheria: Cincinnati, 16 cases, 4 deaths; Defiance, 14 cases, 3 deaths; Columbus, 6 cases; Toledo, 5 cases, 3 deaths; Dayton, 5 cases, 2 deaths; Cleveland, 4 cases, 2 deaths; Forest, 4 cases, 2 deaths; Ashley, 3 cases; Tiffin, Bellfontaine, Mansfield, North Amherst, and Sandusky, one case each.*Scarlet Fever*: Cincinnati, 8 cases; Cleveland, 8 cases; Youngstown, 4 cases; Toledo, 4 cases; Xenia, 3 cases; Defiance, Ironton, and Shawnee, each 2 cases; Mt. Vernon, Dayton, Akron, and Springfield, each 1 case.*Typhoid Fever*: Celima, 7 cases; Cincinnati, 5 deaths (cases not reported); Cleveland, 4 cases, 2 deaths; East Liverpool, 4 cases, 1 death; Defiance and Uhrichsville, each 4 cases; Winchester and Gambier, each 3 cases, 1 death; Jackson and Columbiana, each 2 cases, 1 death; Upper Sandusky and Chester Hill, each 2 cases; Ironton, 2 deaths; Glenville and Springfield, each 2 cases; Columbus, 1 death; Sunbury, Lewisburg, Fremont, Perrysburg, New Lexington, and Glouster, each 1 case.*Whooping-Cough*: Rocky Ridge, 20 cases, 1 death; Cincinnati, 7 cases; Glenville, 2 cases; Coshacton "a few cases."*Measles*: Cincinnati, 5 cases, 1 death; Ironton, 5 cases; Springfield, 4 cases; North Amherst, 3 cases; Felicity, 2 cases, 1 death; Cleveland, 1 case, 1 death; Rock Creek, Youngstown, Forest, and Leesville road, each one case; Columbus, 1 death.

The following places report no infectious diseases present: Arcanum, Ashland, Attica, Bainbridge, Berea, Bluffton, Cambridge, Clifton, Clyde, Dalton, Doylestown, Hudson, Huron, Kent, Lockland, London, Madison, Mentor, Miamisburg, Nelsonville, New Carlisle, New Lisbon, New London, New Paris, New Richmond, Norwalk, Oak Harbor, Pemberville, Ravenna, Salem, Smithville, Union City, West Liberty, West Mentor, West Milton, Westerville, Wilmington.

C. O. PROBST, M.D., Secretary.

Bibliography.

CHRONIC URETHRITIS AND OTHER AFFECTIONS OF THE GENITO-URINARY ORGANS: Three Lectures delivered at the Royal College of Surgeons in June, 1889.

By MATTHEW BERKELEY HILL, M.B. Lond., F.R.C.S., Sometime Hunterian Professor of Pathology and Surgery at the Royal College of Surgeons of England; Professor of Clinical Surgery in University College, London; and Surgeon to University College Hospital. With colored plates from drawings by Frank Collins, M.R.C.S., L.R.C.P. London: H. K. Lewis, 136 Gower street. 1890.

The text of this monograph is preceded by a half-dozen colored plates, each illustrating the endoscopic appearance of the urethra at different depths in different forms or stages of chronic urethritis. The description of these appearances in the text is exceedingly minute. Under the head of treatment the author gives full consideration to the prevailing methods, but is positive and concise in the description of methods which have proved of most service in his own hands. His methods are confined almost entirely to local applications. The work is of much value.

J. M. F.

THE SUPPRESSION OF CONSUMPTION.

By G. W. HAMBLETON, M.D., President of the Polytechnic Physical Development Society of Great Britain. New York: N. D. C. Hodges, 1890. (Fact and Theory Papers No. 1.)

Of what value is the work of an author who labors to refute the doctrine of Koch as to the etiological importance of the bacillus of tuberculosis, and then a few pages farther on displays his utter ignorance of the subject in hand in the following sentence: "We can at any time watch the direct production of consumption by the constant inhalation of small particles of various substances in strong, healthy men who have been brought up in the country, and we know the disease has been produced in this way for generations." The author should have defined his use of the term "consumption." "A little knowledge

is a dangerous thing." That there is some value in the method which he favors in the treatment of phthisis, by what may be termed pulmonary gymnastics, we think there can be little doubt.

J. M. F.

ELECTRICITY IN THE DISEASES OF WOMEN: With Special Reference to the Application of Strong Currents.

By G. BETTON MASSEY, M.D., Physician to the Gynecological Department of Howard Hospital; Late Electro-Therapeutist to the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases; Member of the American Neurological Association, of the Philadelphia Neurological Society, of the Obstetrical Society of Philadelphia, etc., etc., etc. Second edition. Revised and Enlarged. Philadelphia and London: F. A. Davis, 1890.

Scarcely two years have elapsed since the appearance of the first edition of this work. In that time its value has been amply attested, both by its rapid sale and by the press notices which it has received. As No. 5 in the Physicians' and Students' Ready Reference Series, it ranks as one of the most popular. Its value is found not only in the fact that it is the first complete treatise on the electrical treatment of diseases of women, but to a very little less degree in its clear and concise instruction in the general principles of electrical treatment, and the construction and care of electrical batteries.

J. M. F.

DYSENTERY.

This at once suggests the peculiar adaptability of Listerine to the treatment of dysentery, by both internal administration and per rectum. Keeping in view previous reference to its composition, its advantages over astringents are apparent. The danger attending the use as astringents is removed by Listerine alone or in combination. Astringents lock up impure secretions. Antiseptics chase and neutralize them. Listerine acts kindly upon ulcerated surfaces, and the profession is asked specially to observe its good effect as an antiphlogistic.

Medical News.

PHYSICAL EDUCATION IN RELATION TO MENTAL DEVELOPMENT IN SCHOOL-LIFE.

Thomas More Madden, M.D., F.R.C.S.Ed., in a paper read before the Section of Diseases of Children, British Medical Association, held at Birmingham, July, 1890, says:

The respective claims of physical and mental training, and the evils arising from the neglect or abuse of either are obviously questions of the highest medical as well as social interest. This neglect now presents itself in two different aspects. On the one hand, the children of the poor in England are compulsorily subjected at an absurdly early age to a forcing and injurious system of mental cultivation. Whilst on the other hand, in the case of those of a better social position, the physical powers are not uncommonly overtrained, at the expense of the mental faculties. Of these errors, the former is the most important, and to its operation is, I believe, largely ascribable the apparent diminution of physical stamina observable in too many of the youth of the present day as compared with the physically more robust, if intellectually less cultured generation of the pre-educational period. Looking at the overtaken and anæmic little children now chained to the desk by the School Boards, we might be tempted to believe

"'Twas not the sires of such as these
Who dared the elements and pathless seas;
But beings of another mould—
Rough, hardy, vigorous, manly, bold!"

At the present time, a large part of the first ten years of life, which should be primarily devoted to physical and moral training, is given up to the development of the mental powers; the child, when a mere infant, being compelled to attend some school, where the immature brain is forced into abnormal and disastrous activity. On its return home, jaded in mind and body, to prepare for next day's task, such a child is necessarily unfit for the enjoyment of

the physical exercise which is essential for its bodily development and health, or for the still more important elementary training of the affections and moral faculties and instilment of religious principles, which are better acquirable from home teachings than from any school board system. We are all of course agreed as to the duty of properly educating children, so as to fit them mentally and bodily for the increasing requirements and competition of modern life. But as to the extent to which the former should be carried and the latter neglected in early childhood, there is unfortunately a great discrepancy between the rulers of the education department and the views of those who have to deal in disease with the consequences of the violation of the laws of nature. And hence, whilst little children are thereby overworked into disease or death, the physician must still raise his protesting voice, albeit it would apparently seem unheeded.

During the first eight or ten years of child-life, the amount of mental cultivation which a child's brain is capable of receiving with permanent advantage is much less than is commonly believed. No greater physiological mistake is possible than that of attempting any considerable degree of such culture until the sufficient development of the physical stamina and moral faculties is accomplished. The organ of the mind is as much a part of the body as the hand, and ere either can function properly, its vital force must be fostered and maintained by nutrition and developed by physical exercise. A large proportion of those who come within the provisions of the elementary education code are semi-starved children of the poorest class, who, when thus debilitated by privation, are necessarily as much incapacitated for any mental strain, as for the accomplishment of any herculean feat of physical strength: it being not less inhuman, injudicious, and impolitic to expect the former than it would be the latter from those so circumstanced.

If the state, for reasons of public policy, determines that all children shall be compulsorily educated from their earliest years, it should certainly

afford the means by which this may be least injuriously and most effectually carried out, by providing food and physical training as well as mental education for every pauper child attending an elementary school.

Amongst the results of overpressure in such schools under the boards referred to are brain disease in all forms, viz., cephalitis, cerebritis, and meningitis, as well as headache, sleeplessness, neuroses of every kind, and other evidences of cerebro-nervous disorders. On no other ground can the increasing prevalence of these affections amongst the little victims of the educational department be accounted for or explained, than by ascribing them to the new factors, "brain excitement" and "overpressure," which, in the case of young children, are now too commonly disastrously associated with the process of mis-directed education and neglected physical training.

In connection with the physical management of childhood, I may add a few words on the abuse of alcoholic stimulants. The evils resulting from the abuse of alcohol were never so prevalent as at present, and are traceable in the disease, of youth as well as in those of adult existence. The results of this acquired or inherited alcoholism are brought under clinical observation in the form of cerebral, gastric and hepatic disorders, and especially cirrhosis of the liver, which, as well as the protean forms of cerebro-spinal disease, and the various neuroses so frequently noticed in hospitals for children, and to which I have elsewhere directed attention. In the majority of these cases of juvenile alcoholism that have come under my care in the Children's Hospital, Dublin, this tendency appears inherited and most marked in those whose mothers were inebriates — intemperance in women also bearing in other ways on the diseases treated in hospitals for children, where its effects are strikingly evinced by the moral and physical deterioration of the offspring of the drunken and by their special predisposition to strumous, tubercular, and other constitutional taints.

Under no circumstances should alco-

holic stimulants be given to children, save in the guise and defined doses of other remedial agents—my experience in hospital and private practice, at home and abroad, having amply confirmed the view expressed in a work of mine published many years since, viz.: that it is physiologically wrong, as well as morally unjustifiable, ever to allow a healthy child to taste alcohol in any form.

DIPHTHERIA IN MONTMORENCY AND OTSEGO COUNTIES.

Dr. Henry B. Baker, Secretary of the Michigan State Board of Health, sends us the following notes:

The outbreak of a dangerous disease which has prevailed in Otsego and Montmorency counties since last spring, and which local physicians said was not diphtheria, and permitted two of the corpses to be sent to Lapeer county, where a case of diphtheria occurred in a person who viewed the remains, has been investigated by the State Board of Health, the investigation having been requested by a union meeting of the boards of health of three townships in those counties.

Professor Vaughan, of the University, a member of the State Board of Health, went and made the investigation. He has also made bacteriological examination of the membrane from the throats of two of the patients, and has found and propagated the micro-organisms which are believed to cause diphtheria. This species of micro-organism is known as Löffler's bacillus. Prof. Vaughan says: "The bacilli have been compared with the Löffler bacillus, which I had obtained in the laboratory of Dr. Koch, at Berlin, and the identity of the two cannot be questioned." He reports the disease to be unmistakably diphtheria, as proved by symptoms, physical signs, throat paralysis, etc.; and the diagnosis is sustained by the bacteriological examination. It is now hoped and expected that the local authorities will take thorough measures, and stamp out the disease.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

PROFESSIONAL APHORISMS.—Nothing is to be disdained in order to acquire and preserve a *clientèle*. A physician I have long known, a man of good sense, fine taste and much experience, said to me one day: "My commencement at practice was very fortunate. I had for many years the best class of patients in my neighborhood, but little by little my business fell off, and Dr. H., a neighbor, succeeded in taking my most profitable families. H. was not a bad fellow, and employed no disloyal methods to undermine me. Meantime, he had neither talent nor the good address I possessed. I raked my brain to discover the cause of my professional discomfiture, when one of my best patients, a jolly young girl, remarked to me one day: "Why don't you do like Dr. H? I will tell you why you are losing your grasp on the neighborhood. H. wears immaculate white linen and always looks like he came out of a band-box. The majority of well-bred people like a neat and clean physician." I took the hint and soon recovered my lost vantage. So much for a physician's clothing.

Many physicians neglect their toilette, and the world is more exacting on this point than is generally believed. Ninety-nine-hundredths of the public think the habit makes the monk. A doctor who wears a green coat, blue pantaloons and a white vest with a yellow necktie, shocks good taste by this grotesque assemblage of coloring. Only Dupuytren was able to do this. A large brimmed hat, large cloak and small boots, are only supported by the reputation of Antoine Dubois. Portal was a genius whose clothing of a previous age passed on account of his celebrity alone. But all eccentricities in cos-

tume cost the mass of the profession dear. With equal and even inferior talent, the physician properly habited has every advantage over the negligently attired doctor. "My dear sir, when will you get a new suit of clothes?" asked the Marechale de Luxembourg of Bouvard. "When I meet an honest tailor," answered the physician brutally. The lady dismissed Bouvard and employed Borden, whose beautiful attire attracted all Court ladies.

A very celebrated physician, one who attached no importance to his attire, presumed in an independent fashion to go to dinner at a Prime Ministers in a sack coat. Arriving at the palace he was met by the lacquay in waiting who prevented his entrance. "What do you mean, impertinent!" demanded the physician. "That Monsieur should remove his sack coat," replied the irate lacquay. "Do you want me to enter in my shirt!" exclaimed the unwelcome guest. "Go, rascal! tell your master that Dr. F., member of the Academy of France, has come to dine with him without a full dress suit." This was more cynical than pleasant for the host, and an insult to the guests.

A propos of costume, there exists a decree of November 12, 1803, which has never been repealed in France. The law for the regulation of physician's attire reads: "Ordinary practitioners of medicine, when invited to public assemblages, and when summoned before tribunals of justice, are ordered to wear the following costume: a black cloth robe lined with common silk, an ermine border, a black dress suit with a white linen cravat, and a cap of red silk with a gold border."

A physician's office demands attention, especially in large cities. It is here the *mise en scene* is perfectly legitimate. In the district you select make choice of as large a house as it is possible to obtain for your money. A coach-way, fine staircase, and a waiter at the door, will almost pay an enterprising practitioner. Inform yourself as to the rank, worth, and influence of your various neighbors, and above all post yourself as to how your nearest business rival, if he be successful, con-

ducts his affairs. A fine office at the height of the building in an apartment house is the gauge, the infallible thermometer for the position of a Parisian doctor. The second floor is the *ne plus ultra* of medical ascension. A third floor office with a small entrance evidences considerable impudence combined with enterprize, for three flights of stairs is a long distance for a patient to climb. Never mount as high as the servant's sky parlor.

A doctor should always have two rooms: a waiting apartment and a private office. The waiting room should always be supplied with a very large velvet lounge. Have your other furniture neither covered by silk nor velvet, but by bright colored gingham; people will think that those coverings are to protect material equal to that on your magnificent velvet covered sofa. Put up fine lace curtains, the handsomest material you can obtain. A woman's quick eye always takes the curtain as a general index of rich garniture, and will be satisfied with lace alone. Hide bare walls with two or three choice engravings, and if you have means, with meritorious work in oil or water colors, but do not buy that common, very common medical print of *Hippocrates refusing the gifts of Artaxerxes*; besides the fact being apocryphal, it sets a very bad example for practitioners to follow. A doctor of good taste is always recognized by his office clock. Have one with a neat bronze group on top. Have no piano or music rack in your reception room; people who are sick, or whose friends are ill, do not like to be reminded of the pleasures of life. People visiting a doctor's office are only impressed by two ideas: they seek pity or aid, and care nothing for amusements. A physician's office should always have two doors: one for entrance and one for exit. It has a decided influence on clients, who are probably willing to be seen entering an examination office, but desire to leave by a private door. See that your office servant is polite and neatly dressed. It is always best that it be a man. Maid-servants are to be avoided; they are apt to tattle. A patient should always be

kept waiting a few moments; it calms agitation and leads them to think you have another client in your private office. Always open and close the inside door of your private office, so as to leave the impression that you have just dismissed a patient from your inner sanctum. It is best also to rattle a few silver pieces of large size. This reminds the outside client that fees in cash are in order.

In consultation the great secret of success is to know how to listen; a patient always desires to unbosom himself to a medical confessor. Show me a good listener, and I will show you a man with a large practice. Be sympathetic and patient, giving the client's tongue full swing. Some will talk much, some but little. Do not interrupt a patient's conversation, as it will lead to prolixity; if he does not talk much make him repeat the most interesting details of his case. This produces a grand moral effect, and as good thinkers are often poor talkers, you will often be mistaken for a savant and highly esteemed by the patient. Be careful that no detail of the consultation shall turn to your disadvantage.

One of the most vigorous precepts of charity in medicine make it imperative to console and reassure a patient, leading him to always hope for a cure, even though you know the malady to be incurable. Never make a slight affection appear to be slighter than it is. The doctor in slight illness should give positive assurance that he can cure the malady—in time. As a general rule a patient loves to persuade himself that he has been in great danger, and this compensates for the medical fees he pays. It is bad policy not to make a patient realize that he owes you something more than money can repay. Permit him to feel under personal obligations. If he thinks you saved him from death when he was really in no danger, do not tell him to the contrary. Avoid dangerous exclamations such as fall from the mouths of honest young practitioners in their first innocent verdancy, as for instance: "Ah! it's nothing. You are only a little indisposed. A little dieting will remedy all. Don't

take medicine when you do not need it." Physicians who are honest, or rather impolitic enough to tell the truth, are not money makers, nor are they esteemed by their clients. Most people who visit a doctor desire to be told that they are ill. To tell them the contrary is to make them out asses. Nine people out of ten who visit a doctor's office are but slightly indisposed, but tell them the truth and they will seek some other physician for consolation. The men with the largest practice are the patient listeners and greatest liars. These two things are prerequisites for success. A surgeon may be a talkative man and converse with his clients, but the brainless, silent and austere physician will beat the most brilliant conversationalist in the pecuniary emoluments of the profession.

Make it a point never to allow a patient to leave your office without a written prescription. It is also good policy to give your client written directions as to diet, etc. Don't be afraid to waste prescription paper on any patient. Fill in boldly the *recto* and the *verso*, and the client feels that he is getting his money's worth. The young doctor who says to the patient: "Never mind a prescription. Go to the pharmacist and get a dose of salts," is an ass who will learn better after a while. When you write *sulphate of magnesia* on paper, it reads better than the exclamation *salts*. Remember the rich client for whom Corvisart wrote no prescription, the banker who left ten centimes on the table in place of ten louis. He valued the doctor's services as highly as the doctor valued his intelligence. Yet Corvisart was, for a wonder, the Emperor's physician. Every large city has rich people, "*malades imagineaire*," who visit some doctor's office every day and pay good fees. Every time such a man comes around he has a new disease, and it is best to plunge him off the bridge of sighs in the proper direction. When any patient has received his prescription, rise in your chair, and bowing politely, open the exit door. Don't permit him, however, to forget paying his fee.

Some patients will not follow their physician's prescription or instructions. What will you do under such circumstances? Will you humor these whims for the sake of the compensation, or will you assert your professional dignity and abandon the cure of the case? Only celebrated men can afford to assert their professional dignity. It will always happen that such patients can find an obliging doctor.

No doctor who lives should refuse to prescribe for a poor patient who enters his office. It costs nothing, and charity covers a multitude of physician's sins. Besides, no man, however obscure, lives, who has not one friend or some influence; at least there are few exceptions to this rule. Besides the poor belong to God the rich to the devil. It's always well to have a little credit on the right side of the Heavenly balance sheet. Some physicians are ingrates and mean enough to neglect people who paid them money in their beginnings. Always help those who helped you when you were young, no matter how low in life your early benefactors may now be.

Some doctors demand a fee from a stranger before even examining him. This is an insult, and equivalent to "Your money or your life!" Always be polite in the matter of fees. Do like Alibert, who waited on a celebrated Cardinal who had forgotten to pay him on two previous visits: "Monseigneur," said Alibert smilingly, "You can use the three louis you now owe me to say masses for the conversion of forgetful sinners." The Cardinal understood the hint and opened his purse.

It sometimes happens that a patient honors a physician in some infamous manner and thus wounds professional dignity. Never accept small compensation for your services. You place the value on the goods, and are taken at your own self-estimation. Always have a *fixed minimum* fee and never go under it. Antoine Duboise always followed this rule, and on one occasion he received only three five franc pieces instead of four. He allowed the money to fall on the floor

and he and the patient sought for the coins. Three pieces were found and handed to Duboise. "There is another five francs missing," said the doctor, "We must find it!" And the patient took the hint and coolly found the unlost money. — [Extracts from "L' Union Medecale."]

* * *
CASTRATED SINGERS.—A Frenchman once remarked that he could not accustom his ears to the voices of castrated singers. This reminds one of the young lady who went to hear the eunuch Carestini sing. The whole world was praising his voice, but this girl remarked ingeniously: "He has a fine voice, but there is something wanting about him."

* * *
ORTHODOX CONSULTATION.—A lady desiring to be in the situation in which Cornelia, the mother of the Gracchi, was thrice found, finding herself unable to achieve her ambition, came to Professor Pajot to see if some operation was not necessary. Well, Madam,"

said the *spirituel* accoucheur, "there is only one operation in your case, and the result entirely depends on the skill of the surgeon."

"What is that?" inquired the lady.

"It is the operation of the *Holy Ghost*," responded Professor Pajot.

* * *
AT THE CLINIC.—Professor (*to patient*)—"What is your profession?"

The Patient (*with consumption*)—"Musician, sir."

Professor (*to students*)—"Here, gentlemen, I am able to demonstrate what I often told you at the college, *i. e.*, that the fatigue and the efforts made by the respiratory apparatus in the action of blowing in musical instruments is a frequent cause of consumption from which this man suffers to-day. My good man, tell the class what instrument you perform on."

The Patient—"On the bass drum, Doctor!"

* * *
 [TO BE CONTINUED.]

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Original Articles.

THE "SILVER LINES" OF PREGNANCY:

THEIR PATHOLOGY AND
PREVENTION.

A Paper read before the Walnut Hills Medical
Society, July 9, 1890,

BY

F. W. LANGDON, M.D.,
CINCINNATI.

The abdominal blemishes known variously as "the silver lines" of pregnancy, the *striæ* of pregnancy, the *cicatrices* of gravidity, *linea albicantes*, etc., have received little attention at the hands of our medical writers, so that references to the subject are comparatively rare, even in our otherwise voluminous literature of gynecology and obstetrics. Why this should be the case is not easy to determine, considering the fact that many conditions of much less practical import are fully and frequently discussed; for while these lesions in themselves are, and should be, exceedingly distasteful to ladies from an æsthetic point of view, they are even more objectionable in their pathological and mechanical results—viz., by directly weakening the abdominal walls they carry in their train all the dangers from such sequelæ as constipation, pendulous belly, greater liability to hernia, impairment of activity and gracefulness of motion, necessity of wearing various abdominal and uterine supports, etc. The object of the present paper is to call attention to some personal observations and experiments made with a view to preventing these unsightly and weakening deformities, for such they truly deserve to be called,

and to induce a more extended use of the simple measures employed for prophylaxis.

My limited researches into early obstetrical literature have failed to disclose a record of the date at which the "*striæ*" were first observed, but if my own ideas as to their pathology are correct, it is safe to presume that it was after the days of the introduction of stays and other feminine abominations of comparatively modern civilization. Our standard text-books refer to their presence briefly or not at all, and, so far as I can find, no author has even surmised that they may be prevented.

Cazeaux and Tarnier,⁽¹⁾ under the head of "Diseases of the Skin During Pregnancy," treat only of itching and pigmentary spots; but elsewhere (p. 154, under "Alterations of the Skin of the Abdomen") is stated: "The skin of the abdomen is very much distended, and is marked, especially towards its inferior part, by some streaks of a brown or bluish color, which form parallel curved lines with the convexity towards the pubis and groins. These are very numerous in some women, but in others they scarcely exist; they become paler, but do not disappear altogether, after delivery; sometimes they are continued even to the upper and internal part of the thighs, and not infrequently involve the skin of the lumbar and gluteal regions." The same authors (p. 100) ascribe their production to "rupture of the *rete mucosum*"

Lusk, who gives the fullest account of any of the text-books I have examined, says,—after remarking on their color as "reddish or bluish, becoming white and silvery,"—"They rarely fail to form in the last third of pregnancy.

1 Eighth Amer. Ed. Hess: Phil., 1887.

They are due to an atrophic condition of all the skin layers, to partial obliteration of the lymph spaces, and to a condensation of the connective tissue elements, which, in place of forming rhomboid meshes, run parallel to one another." This opinion is evidently based on an exhaustive paper by Busey,⁽¹⁾ entitled "A Contribution to the Pathology of the Cicatrices of Pregnancy."

The following is a summary, from Busey's paper, of the opinions of various authors as to the pathological anatomy of the lesions.

Caspar and Credé ascribe their production to rupture of the *rete mucosum*; Hecker and Schultze to rupture of the *cutis vera* or of the *subcutaneous connective tissue* in different cases; Scanzoni and Schröder to rupture of *both* these tissues in some cases; J. Matthews Duncan to rupture of the *corium*.

Credé ascribes their occasional occurrence on the thighs of non-pregnant women and of men to increase in the *panniculus adiposus*.

Küstner's opinion, based on microscopical evidence, is that they are due to separation of the *cutis vera* from the subcutaneous connective tissue.

Busey himself, after a review of Küstner's microscopical observations, supplemented by original preparations of his own, states that "the presumption is strongly justified that they are due to disturbance of the lymph circulation" of the skin proper. This locates the lesion in the corium. He concludes: (1) That they are not cicatrices; (2) they are atrophic bands involving *all* the layers of the skin; (3) they are not vesicular (in a dermatological sense).

Langer,⁽²⁾ summarized by Busey, considers them "not cicatrices," but alterations due to a re-arrangement of tissue (by stretching), which re-arrangement has become permanent because the elasticity has been destroyed."

In this last paragraph lies, I think, the key to the whole situation, at least so far as preventive treatment is concerned.

Since my own attention was first attracted, as a hospital student and interne, to this lesion, the subject of its cause and prevention has received attention at my hands, and I now feel fully warranted in asserting that it may be certainly prevented by simple measures, provided the treatment begins in time and the coöperation of the patient is secured.

The lack of any remote historical reference to the *striae*, together with their absence in classic statuary and other works of art, would go far to indicate that they did not occur in the days of loose and flowing garments, but are a product of modern dress and habits. In other words, the destruction of the natural elasticity of the skin is *not due solely* to its *distension* by an abdominal swelling (whether it be foetus, new growth, ascites or simple obesity), but that, preceding the distension, is a lowered circulatory and functional activity of the abdominal wall, due to its *compression* between a foetal or other tumor and a rigid corset; or, in other cases, by constricted waist bands from which are suspended weighty garments, giving the same compressing effect on the abdomen in both cases, leading to interferences with the blood and lymph circulation of the abdominal parietes and consequent atrophy and impaired functional power in both skin and muscles.

Acting on these ideas, my aim is to keep up, or restore, as the case may be, the nutrition and elasticity of the skin over the abdomen, upper thigh, and gluteal regions, believing that a perfectly normal skin will admit of any degree of stretching required by pregnancy without breaking in any of its layers, or losing its elasticity. The means adopted for this purpose are simple: (1) Daily free inunctions of olive oil to abdomen, lumbar, upper thigh, and gluteal regions; (2) gentle friction with the bare hand for ten minutes following the oil. Any superfluous oil is removed with a towel, but it is remarkable how great a quantity will disappear during the operation.

The patient may conduct the entire treatment herself without fatigue, al-

1 Trans. Amer. Gyn. Soc., IV, p. 141.

2 Med. Jahrbücher, Wein., Heft II, p. 141, 1879.

though in the last month of pregnancy the assistance of a nurse, if convenient, may be appreciated. The earlier in the first pregnancy the treatment is begun the better, of course, although it is effective even when begun as late as the fifth month.

Few women are aware that these striae will accompany their first pregnancy and remain for life; hence, the medical attendant is not consulted about them, as he undoubtedly would be by ladies who are at all fastidious; the dermatologist also loses an opportunity of benefiting mankind. It is the place, therefore, of the regularly engaged medical attendant to mention the matter in time, and explain the simple means that are required for the prevention of these undesirable blemishes.

In conclusion, I would submit the following propositions as embodying my views on the subject:

1. The abdominal lesions known as "*striae albicantes*" or "silver lines" of pregnancy (and other abdominal distensions) are a true deformity, due to over-stretching of an abnormally nourished skin.

2. Their prevention may be accomplished by daily inunctions of olive oil, followed by gentle hand friction for about ten minutes; the treatment should begin at or before the fourth month, bearing in mind that prevention, not cure, is the object sought.

3. Corsets, constrictions and suspension of clothing from waist bands are to be avoided entirely—at least after the third month of pregnancy.

To paraphrase the old adage—the lines are "silver," their absence golden. Another desirable object attained by the treatment is relief from the aches and shooting pains often complained of, which are largely due to the irregular stretching and compression of the nerves of the abdominal parietes.

ERYSIPELAS.

Rosenbach claims to obtain brilliant results by just washing the parts and the surrounding skin with soap and then applying each day a solution of carbolic acid (five per cent.) dissolved in absolute alcohol.

REPORT OF TWO CASES ILLUSTRATING THE SEQUELÆ OF INFLUENZA.

A Paper read before the Cincinnati Medical Society, April 29, 1890,

BY

J. C. OLIVER, M.D.,

Clinical Lecturer on Surgery, Miami Medical College.

CASE I.

Fred. O., æt. twenty-eight; shoemaker; fairly muscular; has always enjoyed average health.

On the 13th of January he stopped in my office on his way from work; complained of headache, backache, and fever. Temperature 103.4°; pulse, 114. Advised him to go home and retire to bed. Ordered phenacetine and salol aa grs. ijss. every three hours.

On the fifth day his temperature was normal, and I discharged the case after giving him a tonic pill.

One week later I was again called, and found the symptoms similar to the first attack, excepting his temperature was now 105°. Much to my surprise the temperature next morning was normal. Upon questioning him I found that he was formerly a resident of Indiana and had suffered for several years from malaria. Ordered quinia grs. xx. That evening the temperature was 103°. I then ordered one-half dram of quinia to be given at a dose the next morning. This was successful in arresting the fever. After controlling the febrile movement I put him upon a pill containing arsenious acid, quinia and strychnia.

Ten days later he stopped at my office to show me how his legs were swollen. I found an extensive œdema of the lower extremities and some puffiness of the face. He did not feel badly except his legs felt stiff and unwieldy. An examination of the urine was negative. A soft murmur was present over the base of the heart. I sent him to bed and prescribed digitalis and potassium acetate. Also ordered a cathartic. Under this treatment and rest in bed, he recovered completely. Repeated examinations, both chemical and micro-

scopic, of the urine, showed nothing abnormal except the presence of a trace of bile once. The bruit also disappeared and did not return. I had another case of the same kind at the same time, and each recovered completely in four or five days.

March 2, he was seized with vomiting and diarrhœa, and the diagnosis of cholera morbus was made. The vomiting was checked by a hypodermic injection of morphia, but the diarrhœa persisted for a week or more. No remedies such as are ordinarily used appeared to have much influence. During this attack a trace of bile was again found in the urine. A mercurial cathartic, followed by morphia and bismuth, finally arrested the diarrhœa.

When last seen (April 7), he was up and improving very rapidly. I neglected to mention that an intermittent fever accompanied the diarrhœa subsequent to the subsidence of the vomiting. This was readily controlled with quinia.

CASE II.

C. G., female, æt. twenty-one; German parentage; single; well developed and nourished. Had been under the care of Dr. Culbertson for three weeks. She had had an attack of influenza, previous to which time she had been in her ordinary health. Dr. Culbertson asked me to see the case for him and continue the treatment. Dr. Culbertson explained to me that there was a mitral regurgitant murmur, and that the attack of influenza had caused much prostration and anasarca.

I saw her for the first time on the afternoon of January 30, 1890, and found the following conditions: Extensive œdema of the lower extremities, and ascites, some puffiness of the face and eyelids; marked dyspnœa; a brown, furred tongue; obstinate constipation; no fever; pulse 90, and of fair force; complexion very pale, and finger-nails somewhat bluish. Upon cardiac examination there was a bruit synchronous with the first sound and rather loud in intensity. No marked enlargement of the organ was discovered. The respirations were hurried, and there was marked movement of the alæ of the

nose during respiration. I prescribed tr. digitalis and pot. acetate; also some tr. cinchona comp.

Upon the next visit (the following day) her condition was unchanged.

The dropsy slowly disappeared, and at the end of two weeks no trace of it existed. I would state that I examined the urine for five or six successive days, but never found any abnormality. About this time she began to have attacks of great dyspnœa, so great indeed, that during several days I was summoned in great haste, as her parents were fearful of her dying during one of them. Her appetite remained very poor and I endeavored to stimulate it by means of tonics and wine, but was unsuccessful.

On February 17, she had a large number of suffocative attacks, and I saw her in several. She would always turn her head to the right side and gasp for breath. This would last for several minutes and would be followed by prolonged gaping. To relieve these spells I prescribed nitro-glycerine in one drop doses. She experienced no relief. Matters continued in this state until March 12, when the family asked for a consulting physician. Dr. Comegys was called and upon examining the heart, horrified me by announcing that he failed to detect any murmur. I naturally suggested that he must be mistaken and examined for myself. I could find no murmur, and the situation dawned upon me like a flash. I had mistaken a hæmic murmur for an organic one, and had committed the grave error of omitting a daily examination of the heart. I wish to state that I had recognized an hysterical element in the case, but had also believed that organic disease existed. After recovering from my surprise, my next feeling was one of indignation to think that she had so trifled with my unsuspecting nature.

The next day I informed her that she must get up. She entered very vigorous protests, but I remained firm and assisted at her resurrection. She endeavored to faint, but I would have none of it, and finally we landed her safely upon a chair. Her mother was then instructed to be less mindful of her

desires and the result has been an uninterrupted recovery. She is now in the country enjoying the results of her ill-gotten sickness; and I am still in the city searching for new beauties of hysteria.

In regard to the first case, I think it shows how the malarial poison is wont to develop whenever, from any cause, the patient's health and strength is diminished.

The presence of the œdema is interesting, and can probably be explained by the marked deterioration of the blood observed in these cases. Klebs of Zürich has described a flagellate organism present in the blood and red corpuscles during an attack of influenza. Perhaps this may be the exciting cause of the marked anæmia present as a sequella of the disease. At any rate, I think we will all agree to the existence of blood deterioration in influenza, and I have seen cases where this anæmic condition has lasted for months after an attack. This acute anæmia I regard as the cause of the subsequent dropsy, observed in both of these cases.

Whether all the conditions described in this patient were due to the epidemic or not, I am unable to say, but I am convinced that the state of the system following the attack was directly responsible for the various symptoms presented.

In regard to the second case, perhaps the least said would be the best, were it not for the lessons it teaches. The first lesson I learned was never to take anything for granted, and the second, to be ever on the lookout for the manifold manifestations of hysteria. I do not wish to make excuses for my oversight in this case, but I do wish to call attention to a very manifest condition that existed and still persists: namely, a marked anæmic condition. In fact I am not quite sure, but what this state of the blood may be held accountable for the various symptoms in this case. The dropsy and bruit were certainly caused thereby, and I am not at all sure but what the dyspnœa and other symptoms may justly be ascribed to this cause; at any rate, if we ascribe all

these symptoms, including the hysteria, to the anæmia, I do not believe we shall be very far from the true solution of this case.

[FOR DISCUSSION SEE P. 161].

NASAL REFLEXES.

A Paper read before the Cincinnati Medical Society, April 29, 1890,

BY

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Reflex disorders due to intra-nasal disease have only in recent years attracted the attention of the profession at large. Occasional cases, reported by rhinologists, are scattered through medical literature, but the profession generally gained its first knowledge of this source of disease from the paper of Hack, published in 1882-83. Since that time many cases of disease in associated or distant organs, secondary to intra-nasal changes, have been reported by observers in all parts of the world. Some of the cures reported were probably coincidences. But out of the mass of evidence, accumulated in a few years, sufficient may be learned to establish certain facts about nasal reflexes as clearly as anything in medical science.

The proper time limit for one paper where others are to be read the same evening, will not permit the discussion of the rarer nasal reflexes. Those most commonly met with are asthma, cardiac palpitation, rosacea, neuralgias, migraine, photophobia, aprosexia, asthenopia and deafness.

Asthma was probably the first nasal reflex to be recognized by physicians. Since Voltolini published his case (1872) the number reported by careful observers is so great as to leave no doubt that asthma is sometimes a reflex disorder due to intra-nasal disease. The only case of this kind I have seen was one treated four years ago:

Mrs. R—, German, aged thirty-eight, came to my clinic in 1886 to be treated for catarrh. Examination showed a profuse mucous discharge from the right nostril. Both nostrils

were obstructed, the right by nine large polypi. The left nostril was closed by the deflected septum, pressed over by the neoplasms. Just how long she had had catarrh she did not remember; she had had asthma five years. The asthmatic attacks were growing more frequent and severe. There was chronic pharyngitis and catarrh of the naso-pharynx from the irritation of mouth-breathing. The polypi were removed from the right nostril by the snare at two sittings. The septum, thinned by pressure, was readily shoved back so as to allow free respiration through the left nostril. There was immediate relief as regards the frequency and severity of the asthmatic paroxysms, but not a complete cure. What the result would have been had the patient allowed me to treat the remaining inflammation of the nose and naso-pharynx, is, of course, problematical; but I think the cure would have been complete had she not refused further treatment at that time. In 1889 she returned for treatment because the asthmatic paroxysms had become frequent again. This time there was enormous hypertrophy of both middle turbinated bodies. A few applications of the galvano-cautery relieved the nasal obstruction and mitigated the asthmatic paroxysms, but the patient again discontinued treatment before either disease was completely cured.

Every rhinologist sees many cases where the basic trouble seems to be rather a vaso-motor disturbance than a catarrhal inflammation. Such cases will tell you that one nostril is almost always occluded, but seldom both at once. The congestion of the turbinated bodies, to which the occlusion is due, is alternating. The most trivial cause will determine the flux from one nostril to the other. When the patient retires the nostril of the side on which he lies will close. Should he turn over, the dependent nostril, previously open, will close, and the other open. These cases, occurring in nervous subjects, are very liable to palpitations of the heart. The following case is a good illustrative one:

J. R. C., attorney, aged thirty, came to me in May, 1889. He complained of a profuse mucous discharge from both nostrils. The alternating congestion of the turbinated bodies was a constant symptom. He was never able to breathe through both nostrils at once. If he became excited or attempted any unusual exertion, mental or physical, both nostrils would become occluded and oral respiration necessary. Severe attacks of cardiac palpitation were a frequent accompaniment of the disturbed respiration. Physical examination of the heart and lungs showed no organic disease. The case proved an extremely obstinate one, and it was months before the discharge was checked and the alternating congestion cured. But when this was accomplished the palpitation also disappeared, much to the surprise of the patient, who was sure he had heart disease.

Rosacea affecting the skin over and around the nose is often caused by some disease within the nostril. When of independent origin, if a hypertrophic rhinitis attacks the same patient, the rosacea is often incurable until the intra-nasal disease is properly treated. The following is a good illustrative case:

M. F. G., attorney, aged twenty-eight; is strictly temperate, but he had a nose which would make any toper hail him at once as a boon companion. He is very "thin skinned" in every sense of the term, and his facial appearance worried him greatly. Besides, the dissipated look the rosacea gave him was a serious injury to him in his profession. He had been treated by several of our ablest physicians before I saw him first, in 1888. All local treatment used had aggravated rather than helped his troubles. In addition to the rosacea, I found a bad hypertrophic rhinitis. He refused treatment of the intra-nasal trouble at first, and again we went through the list of lotions, powders and salves for external use. Relief of chronic constipation, from which he also suffered, helped the rosacea some, but all applications seemed to make it worse. He finally consented to the treatment of the hypertrophic rhinitis,

and the galvano-cautery was liberally used. There was immediate relief of both external and internal congestion. After a few of the dilated cutaneous vessels were destroyed by electrolysis, he was left with a presentable nose. He has had no recurrent attacks of rosacea for over a year. The failure of all who treated him to afford relief until the rhinitis was cured is conclusive evidence that the intra-nasal disease was a potent factor in the cutaneous inflammation.

Supra-orbital neuralgias caused by intra-nasal disease meet the rhinologist daily. Two or three of the many cases of which I have notes will suffice:

Mrs. S., widow, aged thirty-five, had suffered for three years from constant headache. Most of the time it was a dull pain over the eyes and across the nose; sometimes it became severe and was accompanied by nausea and vomiting. But whatever the variations in amount or character of the pain, her waking hours were never free from it. Her sleep was restless and broken. She was treated by a number of physicians without securing anything more than temporary relief. She finally consulted a gynecologist, who found a lacerated cervix uteri. He thought an operation would give relief. As a preliminary to this operation, she decided to have the nose treated, because mouth-breathing disturbed her rest and might hinder recovery. I removed two polypi and a necrosed piece of the middle turbinated bone from the right nostril. The result was a cure in three days of a headache which had lasted as many years.

G. B., a cooper, came to me in January last complaining of intense pain over the whole left side of the head. He was unable to work. The face was flushed on the affected side. The photophobia, lachrymation and conjunctival congestion in the left were very marked. All these symptoms subsided in a few hours after the removal of a small piece of necrosed bone from the inferior turbinate in the left nostril.

A boy of seventeen, whom I saw the present month, complained of a severe supra-orbital neuralgia of four

months' duration. In this case the septum was thickened and deflected, pressing on the left inferior turbinated body. Sawing off the thickened portion of the septum gave relief to the neuralgia in twelve hours.

Aprosexia, inability to fix the mind on one subject for any length of time, is one of the less common disorders due to intra-nasal disease. I have seen it well marked in one case that also showed a curious reflex pain in the ear from hypertrophic rhinitis:

A. H., dairy farmer; general health good. He complains of a constant feeling of pressure on the frontal lobes of the brain. He feels dull, heavy and despondent. He cannot think connectedly, without great mental strain, on any subject for five minutes at a time. A tinnitus aurium and pain in the ear caused him to consult Dr. G. H. Goode. Dr. Goode, finding an incurable condition of the ear and a badly diseased nose, sent him to me for treatment. Both inferior turbinated bodies were hypertrophied and intensely congested. The same change had begun in the middle turbinates, but was not so far advanced. When the right inferior turbinated body was touched with a probe he instantly complained of a sharp pain in the right ear. Cauterization of this body produced no nasal symptoms, but caused an earache that lasted three days. Proper treatment of the hypertrophic rhinitis relieved all symptoms, mental and physical, except the tinnitus aurium.

Nocturnal enuresis in children has been apparently cured by the treatment of intra-nasal disease. I have never seen such case. But in several cases of hypertrophied tonsils I have seen this trouble disappear with the quiet sleep that follows excision of the tonsil.

Asthenopic symptoms in patients with normal vision are sometimes seen. These cases are generally reflex. All the symptoms of eye-strain may be present in disease of the nose. The following cases are good examples of this condition:

Mrs. S., widow, aged thirty-two; general health excellent. She found that when she sewed steadily she would

soon be unable to see her work plainly enough to do it neatly; if she persisted *muscæ volitantes*, conjunctival congestion and supra-orbital neuralgia soon made work impossible. She was referred by her family physician to Dr. Goode to have a pair of glasses fitted. His test showed emmetropic eyes and no insufficiency of the recti. Believing the trouble to be reflex, Dr. Goode referred the case to me. Large hypertrophies of both middle turbinated bodies were found to be the cause of the trouble. When these were so far reduced by treatment that there was no abnormal pressure on them or the surrounding structures, the ocular symptoms disappeared.

A case similar in many respects to that just reported was that of B. A. K., a grocer, aged twenty-eight. With him the most prominent symptom was pain in the eyeball after reading a few minutes. Blurring of the type and other asthenopic symptoms were present, but the pain gave him the most anxiety. He had a hypermetropia of 1 D, but the proper glasses gave no relief. Suspecting that part of the symptoms were reflex, Dr. Goode referred him to me for examination. I found the middle turbinated bodies in contact with the septum. A few cauterizations of these bodies cured the pain in the eyes and the indistinctness of vision.

It will be noticed that all the cases I have reported were either cases of hypertrophic rhinitis, deflected septum, or polypi. The one common feature of all was pressure on the turbinated bodies. That this is the exciting cause of nasal reflexes is shown not only by the nature of the cases presenting reflex symptoms, but also by the absence of reflex phenomena in cases of severe nasal disease unattended by pressure on these sensitive organs. The occasional occurrence of nasal reflexes in atrophic rhinitis does not contradict this view. In such cases, only one of which I have ever seen, the compressing agent is the crusts that often form for days before they can be expelled. But pressure on the turbinated bodies alone is not a sufficient explanation of the phenomena of nasal reflexes. Many cases are seen

where pressure is marked yet they have no reflexes. A neurotic temperament or condition would seem to be a necessary predisposing cause before pressure acts as an excitant.

The diagnosis is often difficult. The symptoms may be such as to direct your attention away from, rather than to, the real source. Cocaine applied to the nostrils will often relieve a neuralgia or headache, and in this way confirm a diagnosis. But this test is not always to be relied on in neuralgias, and fails entirely in ocular disturbances. Often the results of treatment must be seen before a positive diagnosis can be made. Constitutional treatment is of benefit in many of these cases. Generally, though, treatment of the nasal disease alone will relieve the secondary symptoms.

Because of their great liability to cause errors in diagnosis, these cases are of especial interest to the general practitioner. Many a neuralgia or headache which has baffled him for months or years would yield to a few touches of the galvano-cautery on the turbinated bodies.

[FOR DISCUSSION SEE P. 160].

CORROSIVE SUBLIMATE IN CANCRUM ORIS.

Drs. Yates and Kingsford report in the *Lancet* of May 4, three cases of this fatal disease, which were successfully treated by corrosive sublimate in the following manner: The sloughs were immediately cut away, as far as possible, with scissors, and the surface freely swabbed with a 1 in 500 solution of perchloride of mercury, and dressed with lint kept constantly wet with a similar solution (1 in 1,000). This dressing was continued every twelve hours until the surfaces were perfectly clean and healthy, when the mercurial lotion was discontinued. The first of the author's cases was treated by the application of fuming nitric acid, without any marked result, and it was then decided to try the efficacy of the solution of the perchloride of mercury, on the assumption that the disease was probably due to some micro-organism.

Correspondence.

A STAFF SUGGESTION.

Editor Lancet-Clinic:

SIR:—Your editorial comments on the management of State Lunatic Asylums are timely. While I do not subscribe to all you say, I do, in the main, endorse your sentiments. I do recognize, and most clearly, that most of the insane asylums in the country have for years been run in a certain groove. It is time that the profession, as a profession and as a body of citizens, as a body of tax-payers, as a body of humanitarians, interested themselves in the insane asylums of their several states. It is a healthy sign of the times, that we see more discussion of this subject in journals like the CINCINNATI LANCET-CLINIC, which reaches not only alienists and neurologists, but also the country doctor, the city doctor, the surgeon, the physician, the obstetrician.

At present one medical man—the superintendent—has entire medical care of the asylum. He looks after the barns, the pig-pens, the lawn, the buying of supplies and a hundred other details, besides attending to the moral, mental and physical needs of his 500 or 1,000 patients. The assistant physicians are entirely subordinate to the superintendent — in most states owe their positions to him. What is the result of this plan? The opinion of all the assistants in a given case counts as nought against that of the superintendent. In fact, if the superintendent is so disposed, he need never consult his assistants; it lies entirely in his option. The assistant realizing the fact that his position depends upon the good will of the superintendent, will not and cannot advocate measures opposed to the views of the superintendent; consequently the character of the asylum will depend almost entirely upon the character of the superintendent. The assistant physicians there do not constitute a board of consultants. They can be nothing more than passive agents in the hands of the head. The superintendent, with his multifarious duties,

has but little time to keep abreast with the times. He holds aloof from his medical brethren generally, and does not receive that benefit which comes from contact with his peers. The result is that the management of the asylum is reduced to a so-called "system." Just here is where the evil comes. It is here that we need reform. By having an intelligent, well-qualified board of visiting physicians, including alienists, neurologists, surgeons and obstetricians, the *individual* treatment of patients, as opposed to the class or ward treatment, could be carried out. Any one who knows anything about insanity, knows that cases of acute mania, typho-mania, post-febrile insanity or confusional insanity, require as much careful attention as do cases of pneumonia or typhoid fever. A consulting board would be invaluable when an epidemic prevailed. It would be of service in regulating the diet of the patients, and general hygienic condition of the buildings. If this plan were brought about, patients in asylums would receive as careful medical supervision as they now do in general hospitals.

No one could be found to-day who would advocate the autocratic power of one medical man in the management of a general hospital, and it yet remains to be shown that the plan is beneficial for a hospital for the insane. A. N.

St. Louis, Mo.

TREATMENT OF CANCROID TUMORS.

Salicylic acid, 3j; alcohol, 3j; ether, 3ij; elastic collodion, 3j. Paint over the excrescences once every three or four days by means of a brush.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

Society Reports.

CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of April 29, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

EDWARD S. STEVENS, M.D., Secretary.

DR. R. B. HALL exhibited a specimen of

Intraligamentous Cyst

Which he had removed last Thursday morning. These cysts are of interest because they are a source of annoyance to the operator and of unusual danger to the patient from complications at the time and after the operation. The patient was thirty-eight years of age. Three months ago she came to him complaining of pelvic pain particularly in the right side. The speaker believed it was a pus tube. It was low down. It had the characteristic fluctuation of a pus tube, while the pain experienced was the pain of pyosalpinx. In addition to this there was a history of gonorrhœa nine years ago. An operation was urged and after a time was granted. The abdomen was opened, and instead of a pus tube, the specimen exhibited was found. It was easy to understand now how the mistake in diagnosis was made. The history of the case justified the operation, as the specimen itself does. So far the patient is doing satisfactorily. Her temperature the night of the operation was 100°, and it has never since been above 99.5°.

DR. C. A. L. REED exhibited two specimens of

Cancer of Uterus,

Both of which were removed per vaginam. The history of the first case is obscure. She had metrorrhagia for six months and no pain. Cancer was discovered upon examination and operation was advised. The operation was delayed until the disease involved not only the cervix but the vaginal walls.

He said he would try to remove the uterus, and if the tissues beyond were involved he would do the high operation only. He was enabled to remove the uterus, the patient rallied nicely, and she is now on the streets.

The second case was operated upon yesterday. She was under observation for four or five months. The operation was concluded in eighteen minutes. This seemed from the examination to be one in which high amputation was suitable if it ever is. The disease is seen to be, however, in the specimen high up in the uterus.

DR. HALL said that the point made in regard to high amputation is well taken in the case presented. The two operations, high amputation and total extirpation, are debated, and many who formerly favored the first, are coming over to total extirpation. In this second specimen the disease began in the body of the uterus, yet this was not discoverable until the removal of the uterus. Had the high operation been done the disease would not have been removed. High amputation will, in a few years, be relegated to the place it deserves.

DR. G. A. THOMPSON read a paper entitled:

Nasal Reflexes (see p. 155).

DISCUSSION.

DR. THORNER said that the cases reported in the paper show the average type of this interesting class of diseases. When attention was first called to this subject exaggerated reports were made. It is not always hypertrophy, however, that gives rise to these reflex disturbances. The nasal mucous membrane may be in a state of hyperæsthesia. There is probably also a central neurotic condition. The following cases of nasal cough were given. The first was a cobbler, who had an intense cough for two or three years. He was treated in vain. He would cough incessantly upon lying down. It seemed to him to be an irritation in the trachea. A large nasal polypus was found, which was removed, and the cough ceased to annoy him. A second case was in a girl twenty years of age, who was troubled with excessive sneezing and coughing.

This was excited if the nasal passages were barely touched. The galvano-cautery was applied and the trouble was cured. There was an irritation of the nerve-filaments. The speaker told of his having seen a case of supra-orbital neuralgia from a similar cause. Cases of asthma are often reported. A case came to him some years ago. The patient was a mouth-breather and had several nasal polypi. These were removed but the asthma was not relieved. In this case they were merely a coincidence. A gentleman had sneezing and epiphona especially upon going near a stable. Hyperæsthesia of the nose was found, the electro-cautery was used and relief experienced.

Dr. THOMPSON said that he did not mean to say that there was always hypertrophy, but that in all the cases he had seen there was pressure on the turbinated bodies, as in one case there was mucous.

Dr. A. D. BIRCHARD spoke of a case of his own in which there was the sensation of a foreign body in the throat. He found a hypertrophied turbinated body, cauterized it, and the sensation disappeared.

Dr. J. C. OLIVER read a

Report of Two Cases Illustrating the Sequellæ of Influenza (see p. 153).

DISCUSSION.

Dr. VAN ZANT was considerably interested in the complications of influenza. A case under his charge had a typical attack of *la grippe* during the past season. He was a carpenter and worked out-of-doors all the time. He had an unusually severe attack. He had an intractable diarrhoea. He was left weak and rallied slowly. He was left with dyspnoea. A week or so ago he was called to see him with a violent hæmoptysis. This man had marked œdema of the feet early, but no heart murmur. His respiration now was 40; pulse 132, and temperature 101°. There were moist râles all over the lungs. He was inclined to think it acute miliary tuberculosis. His consultant agreed with him. The influenza had probably weakened the pulmonary tissue.

Dr. C. P. JUDKINS said that the tis-

ues are lowered in vitality by this disease. One of Dr. Oliver's cases developed hysteria. The patient must have had a tendency to affections of that class. We have probably not yet seen the end of the cases we treated in the winter for influenza.

Dr. C. E. CALDWELL thought that the importance of the relation of influenza to other diseases was over-estimated. He could not see how acute phthisis could be any more a sequella of influenza than typhoid fever could. Might not the early diarrhoea of Dr. Van Zant's case have been a symptom of tuberculosis? Is it not an infectious disease?

Dr. VAN ZANT remarked that his patient had had no previous cough. He had been stalwart, and in perfect health. The family history was free from any taint of tuberculosis. There was a close relationship in this case.

THE RELATION OF THE CORTEX TO VISION.

Bechterew (*Archiv. Psychiatr. Neurolog., etc.*, 1890, No. 1, Russ.) has re-investigated the whole subject of the relation of the cerebral cortex to vision, and he finds that the area which is associated with vision is very extensive, occupying the whole of the occipital lobe, both on the outer and inner surfaces, and a considerable part of the parietal. In this area are two centres, which to a considerable extent overlap each other. One occupying the part of the parietal lobe is associated with the corresponding half of both retinæ, and the other, which occupies chiefly the parietal lobe, but also in part the occipital, corresponds in function to the whole of the opposite retina.

The fact that these two areas overlap so considerably will probably do much towards harmonizing the previous contradictory results at which experimenters have arrived.

—*British Med. Journal.*

THE odor of cancer can be removed from the hands by applying oil of turpentine after a thorough cleansing with water and bichloride.

Selections.

A CASE OF CEREBRAL SURGERY.

Felkin and Hare (*Med. Chronicle*) record this case with the desire to draw attention to certain points in the symptomatology of lesions interfering through local compression with the functions of the cerebral cortex, and to show how a removal of the exciting cause may not only be followed by the restoration of lost or latent functional powers, but by profound changes in the trophic condition and growth of the peripheral regions corresponding to the cortical areas primarily affected. The case is also of interest with regard to the question regarding the influence of irritative or destructive lesions of the cortex upon the temperature of the corresponding areas of nerve distribution.

The patient came under observation at the age of seventeen years with this history: When she was ten months old a brick fell from the roof of a building upon her head, causing temporary insensibility, followed by a great swelling and pain on the left side of the head. When the swelling subsided, about eight weeks later, paralysis of the right arm and leg was noticed. She appeared very stupid for two years and a half. She always walked with much difficulty, had little use of the right arm, and was subject to severe headaches localized on the right side, and to attacks of dizziness.

On admission, the patient's right arm and leg were badly developed and partly paralyzed. There was lateral curvature of the spine, due to the inequality in the lower extremities, diverging to the left in the region and to the right in the dorsal, with elevation of the right shoulder. The temperature of the right upper and lower extremities was uniformly a degree and a half to two degrees and a half lower than that of the opposite side. The muscles of the right extremities were poorly developed, and in the lower extremity the bones were distinctly smaller than those on the left side. The patient was just able to pick up a pencil with the fingers

of the right hand, had hardly any power of grasp, could bring her hand with difficulty within two inches of her mouth, and could not move her wrist joint. The right forearm was in semi-pronation, the thumb bent into the hollow of the hand. The absence of movement at the elbow and wrist joints was not due to mechanical difficulty. The biceps and supinators were less developed than the extensors and pronators; the triceps was relatively stronger than the biceps; the pectorals and latissimus dorsi were strong. The patient felt the arm to be numb and often cold. With her eyes shut she could not tell where she was touched on the right arm. The skin was much smoother than on the left and was mottled. The right radial pulse was the smaller. Very similar conditions existed in the right leg. The right patellar reflex was exaggerated, the right scapular rather better marked than the left, but the other reflexes were either slight or wanting on the right side. A large depression was plainly felt in the left side of the skull.

On operation, a large cyst was found occupying the fissure and pressing into the brain to the depth of two inches, and evacuated. A bony growth from the inner table, extending half an inch toward the brain, was removed. During the operation the brain expanded until the cyst cavity was obliterated. Healing was complete on the twelfth day.

A month after the operation the temperature on each side was the same, the reflexes were equal, there was an improved power of walking and of use of hand, the patient could move her thumb, slightly supinate her forearm, and almost touch the back of her head. All sense of numbness and cold was gone, sensation had returned to some extent in both arm and leg, she could invert and evert her foot slightly, and her headaches and giddiness had disappeared.

Eighteen months later the improvement had been slow but marked. Massage and electricity had been daily applied. She had obtained a useful control of the right arm and leg, though not perfect, the spinal curvature was

less, the temperature and the reflexes on each side were equal, sensation was almost equal to that in the left side, and the muscles were better developed. The patient was also much brighter and more intelligent than before the operation.—*N. Y. Med. Journal.*

THE TREATMENT OF HÆMORRHOIDS BY EXCISION.

Marcy (*Annals of Surg.*) advocates the following operation for hæmorrhoids: The large intestine is previously emptied, the patient is etherized, placed in the lithotomy position, and the sphincter paralyzed by means of digital dilatation. The rectum is then washed out with a solution of corrosive sublimate, care being taken that none of it be allowed to remain. A pledget of wool dusted with iodoform is then placed in the rectum. Along the line of the junction of the mucous membrane with the integument, division is made from the central line posteriorly from below upward on both sides to the meridian line above. This can be done with care without injury to the plexus of veins. The loose connective-tissue fascia is separated by the finger or blunt instrument quite deeply, cutting away connective-tissue bands which may appear. In a similar manner the mucous membrane is separated from the plexus. The plexus is thus separated from its surroundings, except at its base, and is tied off in the following manner: A needle with its eye near the point, threaded with a tendon, is introduced posteriorly behind the mass and withdrawn; again threaded with the external end of the suture, it is carried about one third of an inch from its first introduction, unthreaded, threaded with the opposite end, and withdrawn. In this way the entire base is encircled by a line of deep, double, continuous sutures. In this manner an even, continuous compression is secured, as the stitches are not drawn so closely as to produce necrosis, but simply to protect against hæmorrhage. The hæmorrhoidal plexus is now dissected away with scissors just above the line of sutures, and the mucous membrane is stitched to the

line of division just made. For the latter purpose he prefers a running blind stitch taken from side to side, from within outward, so that no stitches are left in sight, and the divided edges are evenly and accurately approximated. The wound is then dried, dusted with iodoform, and protected by a thin layer of iodoform collodion. In uncomplicated cases absolute restraint in bed is not necessary, and micturition is usually voluntary and easy. The bowels may be moved on the third or fourth day.

The advantages stated for this operation over that practiced by Mr. Whitehead are, less hæmorrhage on account of the constriction of the vessels before division, less danger of secondary hæmorrhage, more accurate and easy closure and readjustment of parts, and the advantage which continuous animal sutures buried and incorporated into the tissues have over the interrupted silk suture, which is a foreign body, and, if not removed, must be thrown off by suppuration. He prefers a tendon from the tail of the freshly killed kangaroo, properly preserved and prepared, for these sutures, as catgut is often untrustworthy from inherent defects.

THE EFFECTS OF EXTIRPATION OF THE CÆLIAC PLEXUS.

Dr. Peiper, of Greifswald, read a paper on this subject. Recently Dickinson and Schapiro had stated that degenerative changes in the celiac plexus should be looked upon as the etiological factor of diabetes insipidus. Pincus, Samuel, Budge, and Lamansky had observed almost the same symptoms after extirpation of the celiac plexus. All the animals experimented on died of profuse diarrhœa. This symptom was also observed by Schapiro in his patients suffering from diabetes insipidus. Munk and Klebs had found diabetes mellitus and atrophy of the pancreas after extirpation of the plexus of the ganglia. Dr. Peiper extirpated the celiac plexus in fifteen rabbits under strict antisepsis; of these eleven survived the operation for at least three or four weeks. The other

four animals died partly from the ether narcosis and partly from hemorrhage or peritonitis. In the animals which survived great emaciation occurred without any other symptoms. In no animal did diarrhœa supervene. On post-mortem examination there was no hyperæmia of the abdominal organs. Diabetes insipidus was not observed. Mellituria was most frequently noticed in the first days after operation. In one case in which extensive resection of the splanchnic nerve was performed the sugar in the urine amounted to from 2.5 to 4 per cent. In none of the cases was there atrophy of the pancreas. Aceton was found only in a few cases; albuminuria was present in only two. Four rabbits, which were still living after from two to four months, were killed. The post-mortem examination revealed no particular changes. The seven animals which died showed symptoms of marasmus, which seemed to show that the extirpation of the ganglia had caused serious disturbances of digestion. The acetonuria observed now and then was due to the increased decomposition of the organic albumen. The experiments refuted the opinion that diabetes insipidus is due to functional disorder of the celiac plexus, and that profuse diarrhœa, atrophy of the pancreas, or diabetes mellitus follow extirpation of the ganglia.

—*British Med. Journal.*

EARLY LAPAROTOMY FOR CATARRHAL AND ULCERATIVE APPENDICITIS.

Professor Senn concludes as follows:

1. All cases of catarrhal and ulcerative appendicitis should be treated by laparotomy and excision of the appendix, as soon as the lesion can be recognized.

2. Excision of the appendix, in cases of simple uncomplicated appendicitis, is one of the easiest and safest of all intra-abdominal operations.

3. Excision of the appendix in cases of appendicitis, before perforation has occurred, is both a curative and prophylactic measure.

4. The most constant and reliable

symptoms indicating the existence of appendicitis, are recurring pains and circumscribed tenderness in the region of the appendix.

5. All operations on the appendix should be done through a straight incision parallel to and directly over the cæcum.

6. The stump after excision of the appendix should be carefully disinfected, iodoformized, and covered with peritoneum by suturing the serous surface of the cæcum on each side over it with a number of Lembert stitches.

7. The abdominal incision should be closed by two rows of sutures, the first embracing the peritoneum, and the second the remaining structures of the margins of the wound.

8. Drainage in such cases is unnecessary, and should be dispensed with.

—*Four. Am. Med. Assn.*

TENDON REFLEXES.

Dr. Sternberg, of Vienna, read a paper on this subject, based on observations made on 1,500 patients in the clinics of Professor Meynert and Dr. Redtenbacher. The object of the experiment was to determine the "components" constituting the tendon reflexes, that is, the effects produced by shaking of the muscle, the tendons, the bone, etc., and to separate these various phenomena from each other. In this way he succeeded in showing that the so-called tendon reflexes consists of two phenomena, namely, a bone reflex and a pure muscle phenomenon, which, most probably, is also a reflex. The bone reflex consists in the fact that a shock to the bone, particularly in the direction of its longitudinal axis, irritates the nerves of the periosteum and the articular surfaces, and this produces a contraction of all the muscles belonging to the bone. The muscle-reflex consists in the fact that a stretched muscle becomes contracted when a shock is transmitted to it in the longitudinal direction. The tendon only plays a mechanical part. No reflexes originate from the nerves of the tendon. The existence of reflexes of the fascia cannot be proved. In contractures occurring after localized

cerebral affections in various diseases of the spinal cord and in articular processes, the tendon reflexes are invariably increased. In contractures which occur in large cerebral hemorrhages, cerebral tumors and abscesses, uræmia and meningitis, and paralysis agitans, the tendon reflexes are never increased, and very frequently are diminished. These two forms of contracture can occasionally be distinguished by the tendon reflexes. In conclusion, Dr. Sternberg pointed out that when all the precautions recommended by Schreiber and Jendrassik for the examination of the tendon reflexes were observed, complete absence of the tendon reflexes was much more seldom found than on less careful examination.—*British Med. Journal*.

THE DIAGNOSIS OF CANCER.

Although the introduction of antiseptics and the progress made in our operative technique have greatly improved the prognosis of cancerous diseases, it must be confessed that our diagnostic means are still far from satisfactory. This is to be the more regretted, since an early diagnosis greatly enhances our chance of effecting a permanent cure in these cases. At the late Congress of the German Surgical Society, Professor Esmarch spoke of the uselessness of statistical studies in affording us information as to the etiology and diagnosis of cancerous diseases. He called attention to the fact that syphilitic tumors, especially of the tongue and throat, are not infrequently confounded with malignant growths, and proposed that the old term, "gumma," be abandoned, since these syphilomata—as he terms them—more often resemble in structure the fibromata and sarcomata. In fact, a large number of the sarcoma group, especially those of the muscular tissue, are to be regarded as syphilomata, and may be cured by internal treatment alone, whilst some forms of malignant keloid and some of the malignant lymphomata, may also be placed in this class. During the past year, Prof. Esmarch classified all the cases of sarcoma of the muscles occurring at his clinic, and found that

at least one-half of them were true syphilomata which promptly responded to specific treatment.

Tuberculous tumors—tuberculomata, the author calls them—not infrequently have given rise to errors of diagnosis, and it should be remembered that masses of pure tubercle may exist for long periods in the tongue, breast, and larynx without going on to ulceration. Of course, in the case of actinomycosis mistakes are not uncommon, since the disease has been known only for the last ten years.

To avoid these errors of diagnosis, it is plainly our duty to make a thorough microscopical examination of the growth before a radical operation is undertaken. For this purpose it may be sufficient to remove repeatedly superficial portions of the tumor, but if the results prove negative, it may be necessary to perform an exploratory operation of magnitude, even laparotomy, laryngotomy, trephining.

In doubtful cases where the microscopical examination shows only granulation tissue and spindle cells, Prof. Esmarch recommends an energetic and long continued anti-syphilitic treatment.

These views of the distinguished author merit serious attention. There can be no doubt that in the case of tumors a positive diagnosis is frequently not made until after their removal, and cases are probably not rare in which a microscopical examination of deeper sections of the growth than have heretofore seemed necessary might have prevented dangerous and disfiguring operations.—*Intern. Jour. of Surg.*

TREPHINING IN HEAD INJURIES.

Zeidler (*Amer. Jour. Med. Sciences*) says:

1. Symptoms of cerebral pressure following head injury, indicate trephining only when these symptoms point clearly to bleeding from the arteries of the dura.

2. Simple fractures of the skull, unaccompanied by symptoms of intracranial hæmorrhage, never indicate trephining.

3. Depression of the bone should not in itself be considered as an indication for trephining.

4. The object of primary trephining is asepsis, or the checking of hæmorrhage.

5. Secondary trephining is indicated in cases of beginning meningo-encephalitis.

6. Epileptoid attacks, due to the pressure of splinters of bone upon the brain, should be relieved by removing these splinters.

7. In treating fractures which involve a sinus, the bleeding from the latter should be checked by tamponade, and not by suture.

8. The term *débridement* should be applied to the operative procedures necessitated by a complicated fracture of the skull, trephining being reserved for the formal operation upon the uninjured bone.

THE STOMACH IN DIABETES.

The prominence of gastric symptoms in patients suffering from diabetes mellitus induced Prof. Rosenstein (*Berlin. klin. Wochensch.*), to carry out observations into the relation of the gastric juice and stomach in ten cases. Of these, the contents of the stomach were normal in four, whilst there was some alteration in six. The results are summed up as follows: In a series of cases of diabetes free hydrochloric acid is absent from the gastric juice during a longer or shorter time, and this failure is to be looked upon as an expression of a neurosis of the stomach. In a number of cases there is extensive atrophy of the mucous membrane, in consequence of interstitial gastritis. Where the absence of free hydrochloric acid is permanent, atrophy of the glandular apparatus arising from interstitial inflammation is to be looked upon as the cause. The secretion-neurosis of the stomach, as well as failure of the knee-jerk and other neuroses met with in diabetes, do not stand in direct proportion to the gravity of the case in so far as it is measured by the amount of sugar, acetone, or diacetic acid.—*The Practitioner.*

TREATMENT OF ENDOMETRITIS BY CURETTING.

At a recent meeting of the Surgical Society of Paris, the subject of the treatment of endometritis by curetting was up for discussion.

M. Bouilly read a paper, of which the following is a summary:

In eighty-one cases of endometritis he had performed the operation of curetting; sixty-nine of these cases had been watched and the results noted. Only simple endometritis had been treated, or cases complicated with slight inflammation of the uterine appendages; he had not regarded the method applicable to cases where the endometritis was complicated with laceration of the neck, with ectropion, or with uterine fibromata. The operation was not generally performed till after other kinds of treatment had been exhausted.

The symptoms presented by the patients treated were the following: (1) Metrorrhagia, whether occurring during the menstrual period or independent of menstruation; (2) mucous or muco-purulent discharges more or less abundant; (3) various pains, some of which were attributable to a slight inflammation of the annexes. Pain alone has never, in his practice, constituted an indication for curetting.

The operation is always performed after anæsthesia by chloroform; it is then far easier, and the patient is spared much pain. The cervix is always previously dilated with laminaria tents made aseptic by iodoform. The first day a small tent is inserted; the next day a larger one, and the operation has always been easy on the third day. Bouilly much prefers slow to sudden, violent dilatation, and would not use metallic dilators. He always has recourse to antiseptic precautions; employs a Sims or Simon curette; performs the curetting with some force, so as to scrape away the entire uterine mucous membrane; the *débris* is removed by means of a swab. He terminates the operation by an injection of glycerite of creosote—1 part of creosote to 2 of glycerine—in mucous endometritis; in the

hemorrhagic form he employs chloride of zinc, 1 to 10.

The consecutive treatment is of great importance. Bouilly thinks that failures are often due to septic infection, owing to want of sufficient care to keep the cavity of the womb aseptic.

The operation, as thus performed, has never been followed by complications. Four times only has he noted the first few days a slight tenderness on one or both sides of the uterus; oftener the pains rapidly disappear after the operation.

The results which he has obtained are as follows: Of the sixty-nine cases, thirty-nine got well; nineteen of these were hemorrhagic and twenty were mucous endometritis. There was one case of caseous endometritis, similar to caseous coryza, and giving rise to a very fetid discharge. In fifteen of the sixty-nine cases there was improvement, and in fifteen the treatment failed. The results were especially satisfactory in the hemorrhagic forms; still, in some cases, he has seen slight lesions of the annexes remain unaffected by curetting, while the condition of the endometrium was improved.

Of the fifteen unsuccessful cases, there were lesions of the annexes in three; persistence of hemorrhages was noted in four; persistence of muco-purulent discharges in nine patients.

The causes of failure seemed to him to be: (1) Faulty operation (insufficient curetting); (2) rapid reinfection of the mucosa; (3) the existence of a form of glandular endometritis of the cervix, with viscous catarrhal secretion, very adherent and very abundant, the lesion being, in fact, at the bottom of the glandular culs-de-sac of the cervix, easily escapes the action of the curette; (4) generally want of success is due to lesions of the annexes,—in three of Bouilly's cases there was suppurative salpingitis, and in one cystic sclerosis of the ovary. In two cases, he thinks, there was submucous fibromata.

M. Terrillon said that he had often, since 1885, performed "curettage" of the uterus, and he had been pleased with the results. Like M. Bouilly, he insists on the necessity of slow dilata-

tion with laminaria tents. He employs for dressing iodoform gauze; with this the uterus is tamponed after the operation. He has found curetting especially beneficial in hemorrhagic endometritis. He has several times witnessed the rapid reinfection of which M. Bouilly had spoken. He believed that want of pains in disinfecting the syringe canula used for making the injections was often responsible for the septic accidents occurring. He has in a dozen instances curetted in endometritis complicated with lesion of the uterine appendages. He has never witnessed any good result in such cases, particularly when the salpingitis manifested itself by hemorrhage. The appendages must first be removed; then curetting will cure the endometritis.

M. Terrier spoke favorably of curetting for endometritis. He practiced dilatation with sea-tangle tents for three or four days; then, finally, used large sponge tents for a couple of days. Hypertrophied and deviated uteri require great dilatation in order to be well curetted. The choice of curette is not of much importance; what is important is to make a very thorough scraping of the cervical cavity and the borders of the orifice. After curetting, he cauterizes the endometrium with zinc chloride, 1 to 10, and he often inserts a drainage-tube into the cavity of the womb to facilitate the flow of liquids. He is much in the habit of packing the uterine cavity after the operation with iodoform gauze, and leaving in the pledgets four or five days; then they are removed bit by bit, and antiseptic injections are practiced; he recommends syringes with glass canulas instead of rubber; these must be kept perfectly aseptic. Like the surgeons who had preceded him, he had never had failures, except when there was lesion of the annexes.

—*Therapeutic Gazette.*

CHLORIDE OF ZINC IN THE TREATMENT OF CERVICAL EN-DOMETRITIS.

Many cases of mild uterine catarrh, either of the body of the uterus or of the cervix, have been treated by Verge-

ly (*Archives of Gynecology*) with solutions of chloride of zinc. The treatment is commenced eight days after the termination of menstruation, and in the absence of any pain in tissues contiguous to the uterus or ovaries. The vagina and cervix uteri are first irrigated with a hot 15 per cent. solution of boric acid combined with 1 to 200 solution of sublimate. The uterine cavity is then carefully cleansed of all mucus, and a 5 per cent. solution of chloride of zinc applied over the entire surface of the mucous membrane. This operation is repeated two or three times at intervals of eight days, when a more concentrated solution of the zinc may be used. The application is rarely painful, except in cases in which there is much congestion or inflammation. In the latter case the zinc may excite bleeding, which may continue moderately for several hours. Should there be fungosities, or should the ulceration not yield promptly to the zinc treatment, one may employ a solution of chromic acid (1 to 3). The latter gives very little pain, and produces a yellow slough which falls off in about six days. It may be well to alternate the chromic acid with the zinc. Great care must be used that these solutions are applied only to the diseased tissues, and after their use the tissues should be again irrigated with the boric acid sublimate solution, this being followed by the introduction of a vaginal tampon of cotton, which should be retained twenty-four hours.—*Med. News.*

QUADRANGULAR SOUNDS FOR THE TREATMENT OF ORGANIC AND SPASMODIC STRICTURES OF THE URETHRA.

The instruments which I show you are designed to stretch the urethra wherever its calibre is diminished, so that it is incapable of performing its functions normally. I have long felt the need of an instrument, which, when passed into a tight stricture, would dilate it without impairing the healthy urethra adjacent to it. I have found, by repeated trials, that this instrument meets my expectations.

All surgeons who have given thoughtful attention to the treatment of diseases of the urethra, have observed the urethra crowding up in front of the usual round sounds, and stretching its long diameter to the limit of laceration, whenever an effort has been made to insinuate one of these round instruments through a tight stricture. No doubt many cases are seriously damaged by the longitudinal stretching which the sound portion of the urethra receives under these circumstances. Notwithstanding the injunction, "Never use force in passing an instrument through the urethra," the organ is sometimes lacerated in the endeavor to get the sound to pass.

Then the longitudinal stretching does no good; and the round instrument which engages in a stricture develops so much friction by reason of the fact that every part of its circumference impinges on the point of greatest resistance in the stricture, that much force is lost, which, with a rectangular instrument of the same diameter, but presenting less friction surface, could be utilized in stretching the urethra laterally and so gliding through it.

I will not enumerate all the situations in which the round instrument is faulty and imperfect, nor will I say that these rectangular instruments can supersede the round ones entirely, but there are a few points of superiority which may be justly claimed for the rectangular instruments:

1. They present four points of contact with the stricture, therefore less friction than the round instrument.
2. They are grooved between the angles, and thereby insure the presence of the lubricating medium at the points where it will do most good.
3. They provide a means for applying solvent medicaments to the stricture.
4. They stretch the urethra in its transverse diameter at the point where it is organically diseased or in a state of spasm.—[WYMAN, *American Lancet*.

BINDING.—A VOLUME ($\frac{1}{2}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

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EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, August 9, 1890.

The Week.

WARDS OF THE STATE.

These are the unfortunate poor, or poor unfortunates, who are from one cause or another unable to care for themselves in the way of earning a livelihood. Such persons are found in every state, county and community, and are cared for by churches, benevolent organizations, and by the state.

The extent and character of this care may be taken as an index of our enlightenment and civilization. The church societies are never engaged in a more divine occupation than when caring for those who cannot provide for themselves; and yet, with all the churches and benevolent societies may be able to do, there is a very large number who are shifted off from one to another, until they are landed in one of the county almshouses, municipal hospitals, or other state benevolent institutions.

The unfortunate poor and poor unfortunates who may be committed to the care of either public or private asylums, hospitals or infirmaries should

be under the direct and immediate care of a visiting staff of physicians. These people are, with very few exceptions, defectives.

For those who are weak or mentally defective the plan heretofore pursued, and at present in vogue, is to systematically commit them to asylums purposely constructed for their reception. These institutions are great, formidable-looking brick or stone structures, that have very much the appearance of prisons and penitentiaries. Passers-by look at them with feelings of awe, the insides of which they know little or nothing, their imaginings being of the most vague and undefinable character. The surroundings are all in geometrical shapes. One thing above and more than all others perceptibly lacking, is the appearance or semblance of "a home." In a perfunctory way the people know of these institutions, and that they are taxed for their support.

What is most of all needed in connection with these institutions is the making their management more familiar with the general public. A single visiting day in the week is a fraud that should not be tolerated by the public. These institutions belong to all the people, and such a restriction is without cause or justification, save and alone as it is for the convenience of the autocratic superintendent. The doors should freely swing wide open every day in the entire year. The inmates would in every way be benefited were this the case; they would be made to feel that they are actual parts and members of the great human family, and not virtual outcasts or convicts, who are regarded as a good riddance when placed in the enclosed walls of the county infirmary, hospital or insane asylum.

The employed physician may be, but too often is, not the very best man

for the place he fills, but is usually selected because of either his activity as a party politician, or for the low price at which he sells his services. In either case he would serve the state better, and the poor in his professional charge would fare many fold better, if there was a visiting staff of physicians. There would be less opportunity for collusion between officials for dishonest purposes, while the poor, unfortunate defectives would be many fold benefited in receiving a much better treatment; in fact, they would have secured to them the most approved attention that the science of medicine affords, while their mental and physical defects and abnormal developments would afford physicians a broad field for culture and cultivation.

The skilled ophthalmologist would here find scores and hundreds of eyes that needed his special attention, while the gynecologist would fairly revel in the luxuriance of cases that needed his personal care.

The neurologist would find the typical cases of greatest interest in his studies.

The laryngologist and rhinoscopist would find cases in their field, and the physician who is giving special attention to chest diseases, including tuberculosis, would never be without interesting cases.

The orthopedic surgeon would here find cases to tax his inventive, mechanical and surgical skill.

Some moments of thought will at once convince the thinker that these public institutions are filled with people who ought, every one of them, to be under the care of a skilled physician, and that for a season under such care very many could be restored from a defective to a whole, or nearly whole, condition, and made able to earn their

own support. Take, for instance, any one of our great insane asylums; every one of them should have a visiting ophthalmologist and otologist. We venture to say there is not a physician, either among the superintendents or their assistants, in any of our great asylums that gives any special attention to eye and ear affections, and yet there is no good reason why the poor inmates under their care who have diseases of those all-important organs should be required to suffer for lack of a special skill that another might be able to afford.

So of the women. It is a conceded fact that many of the neurotic and mental ills that they suffer from are due to diseases of their generative organs, for which a proper treatment under the direction of a skilled gynecologist would very often be the means of restoring them to a normal mental condition, to their homes and families. Who dares to estimate the boon this would be to many a poor woman! And yet there can be no doubt that there are hundreds of such cases.

And so even of the epileptics and other neurotics. The advice of a specialist on the visiting staff, but not a resident in the asylum, would be the means of cure in many a case that is now simply housed as a wild beast or criminal behind bars.

What is said of our insane asylums may be applied to all the county, town and city infirmaries or poor-houses throughout the states, scarcely one of which is so located that the authorities in charge of them cannot secure a visiting staff of physicians and surgeons.

If these staff physicians are able to not only relieve the suffering of all the curables, but more quickly restore them to their homes with ability to sustain themselves in the way of earning their

own livelihood, a service is given that has a direct pecuniary value to the state, and should in return have a fair compensation—not large fees, but a fair or moderate compensation.

Our readers have a duty to perform in telling the directors and trustees of our public institutions that they are not conducting them under the present system in the very best interests of the wards of the state that are under their care, or of the tax-paying public. The trustees are usually pliable men who are ready to listen to suggestions of this nature; they want to do the most possible good to those in their care, and at the least possible expense. Let this change of system be shown to be in the interests of and on the side of financial economy, and all the rest will be easily explained, understood and acted upon.

THE beauties of proprietary journalism are graphically illustrated by those two valuable journals, *Merck's Bulletin* and *Lehn & Fink's Notes on New Remedies*. *Merck's* journal has glowing accounts of the wonderful effects produced by orexin and pyoctanin; while *L. & F.'s* paper discredits them altogether. The latter, however, finds the dawn of a better day, the promise of the "good time coming," in thiol and its compounds. It is hardly necessary to add that *Merck* sells the articles he praises, and *L. & F.* deal in thiol.—*Times and Register*.

They all do it, *i.e.*, proprietary journals. Moral: Physicians should only subscribe for regular medical journals, edited and published in the interests of the medical profession. Live illustrations of such publications are the *Times and Register*, of Philadelphia, and the Cincinnati LANCET-CLINIC.

THE Mississippi Valley Medical Association will meet in Louisville October 8, 9 and 10. This is just a reminder.

INDIANA MEDICAL COLLEGE.

DR. LOMAX, OF MARION, GENEROUSLY PRESENTS IT WITH \$100,000.

THE Indiana Medical College was recognized Aug. 5, in receiving a gift of \$100,000 from Dr. William Lomax, of Marion, Ind. The Doctor originally desired to make this gift through De Pauw University, letting the college become a part of this institution, but for some reason the University would not agree to the terms, and he then made the gift to the college direct. He incumbers the gift only to the extent of an annuity of \$1,200 to himself and wife as long as either shall live. The new Board of Trustees consists of the following gentlemen: Dr. Lomax; Dr. W. H. Kemper, Muncie; Dr. J. G. Gatch, Lawrenceburg; Dr. M. Sexton, Rushville; Dr. L. D. Watterman, Indianapolis; Dr. Beard, Vincennes; Dr. E. D. Laughlin, Orleans; Dr. J. W. Helm, Peru; Dr. John M. Kitchen, Indianapolis; Dr. W. H. Bell, Logansport; Dr. J. H. Woodburn, Indianapolis; Governor Hovey, Wm. H. English and Simeon Yandes.—*Commercial Gazette*.

The above betokens a wide rift in the clouds that hover over medical education in this central and populous area of our country.

This gift from Dr. Wm. Lomax means very much more than the large amount so generously proffered at this time, but like a great loadstone it will attract other thousands, and even other hundred thousands to itself. Heretofore, the people and even our profession have never fully realized the necessity for large endowments of medical colleges. These institutions have been the outgrowth of necessity and private enterprise. This was well enough and up to the present decade answered full well their purpose, and creditably filled the niche assigned in our common educational system.

Medicine, as a science and as a pro-

• fessional occupation, has broadened out until the field is so extended that no one man can keep continuously abreast of all its features and all its advances. This has necessitated a division of labor and the creation of specialties.

For the education of men who are to show themselves as worthy of their calling, expensive facilities must be afforded in the colleges. Cabinets, laboratories, and instruments that are very costly, must be provided. Not infrequently the very best of teachers are men in humble circumstances, who, as individual members of a teaching faculty are wholly unable to provide the most meagre means for elucidating their subjects. An endowment has become essential to their continuance in professional positions. This is true of all medical colleges, and is not peculiar to any one or those of any city.

This endowment given to the Indiana Medical College will attract the active attention of every doctor and student of medicine in the state of Indiana. It will burnish and brighten all the state pride there is in every hoosier, and that college is sure of their support. Other colleges must take their cue from this event, and do some lively hustling to see if they are not able to knock some golden apples from the pound pippin tree.

There is a wide open opportunity in these immediate parts that promises a rich harvest to the workers; the ground is fallow, unbroken and like "Barkis is willin'," to be tilled for a harvest.

Our warmest congratulations go out to the Indiana Medical College, and particularly to Dr. William Lomax, who has shown his eminently good judgment in this wise disposition of a handsome estate, and that with his eyes wide open and with healthy blood flowing through his arteries and veins. He thus becomes

supervisor of his executors and absolves the courts from all trouble and fees for administration. Our heart goes out in sympathy for the attorneys who are also left in the lurch in the settling up of his fat estate; but we are comforted in our sorrow for them in remembering that men like Dr. William Lomax are more rare than the traditional hen's teeth, and lawyers' pickings will continue as in days of yore. Our most ardent hope is for an increase, a healthy and continuous increase in the tribe of Lomax, that showers of right bountiful blessings may attend them; and that others seeing the result of their good works may go and do likewise, and thus prove to the world the brotherhood of man.

We feel as if we would just like to write the name of Dr. William Lomax in raised and gilded letters all over this issue of THE LANCET-CLINIC in token of our appreciation of this crowning act of his life.

OINTMENT FOR SYPHILITIC ERUPTIONS.

The *Medical Free Press* says that there was in use in the Lock Hospital an ointment for erythematous, papular and scaly syphilitic eruptions, which on account of its rapidly curative effects used to be called by the patients the "magic cream." The composition was as follows: One part of ammoniate of mercury and three parts of oxide of zinc, mixed and rubbed into a fine powder, with sufficient glycerine and lard to make a stiff cream. A few drops of olive oil facilitates the mixture of all these. It is really astonishing how a few applications of this will make a very perceptible rash disappear in a few days. A very ready method of preparing the above is by mixing one part of the ammoniated mercury ointment with three parts of zinc ointment, each being fresh, and adding a little glycerine.—*N. W. Lancet.*

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending August 1, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping- Cough.		Diphtheria.		Typhoid Fever.		Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....			1		4							
2.....												
3.....											1	1
4.....			2		1		1		1			
5.....												
6.....					1		2	1				
7.....												
8.....							2	1			1	
9.....												
10.....												
11.....											1	
12.....								2	2			
13.....							2					
14.....	1						1					
15.....										2		
16.....												
17.....			1						2			
18.....												
19.....							4	2				
20.....									2			
21.....									1			
22.....												
23.....									1		1	
24.....			1				1					
25.....							2		1		1	
26.....												
27.....											1	1
28.....			4									
29.....												
30.....												
Public In- stitutions												
Totals	1		9		6	15	6	12	4	4		
Last week.	5	1	8		7	16	4	5	1	2		

The following is the mortality report for the week ending August 1, 1890.

Croup.....	4
Cholera Infantum.....	6
Cerebro-Spinal Meningitis.....	2
Diarrhoea.....	3
Dysentery.....	2
Diphtheria.....	6
Enterocolitis.....	5
Typhoid Fever.....	12
Other Zymotic Diseases.....	4-44
Cancer.....	3

Consumption.....	9
Other Constitutional Diseases.....	3-15
Heat Prostration.....	1
Apoplexy.....	3
Bright's Disease.....	3
Bronchitis.....	4
Convulsions.....	5
Gastro-Enteritis.....	2
Heart Disease.....	5
Liver Disease.....	2
Meningitis.....	7
Nephritis.....	3
Pneumonia.....	4
Other Local Diseases.....	14-53
Deaths from Developmental Diseases.....	17
Deaths from Violence.....	9

Deaths from all causes.....	138
Annual rate per 1,000.....	22.08
Deaths under 2 years.....	45
Deaths under 5 years.....	60
Deaths for corresponding week of 1889....	98
Deaths for corresponding week of 1888....	152
Deaths for corresponding week of 1887....	191

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 90 cities and towns during the week ending August 1, 1890:

Diphtheria: Cincinnati, 15 cases, 6 deaths; Defiance, 5 cases, 3 deaths; Toledo, 4 cases, 1 death; Eaton, 3 cases, 1 death; East Palestine, 3 cases; Cleveland, 2 cases; Columbus, 3 cases, 1 death; London, Sandusky, Springfield, West Jefferson, Eaton, Dayton and Wellington, each 1 case; Tiffin, 1 death.

Scarlet Fever: Cleveland, 7 cases; Columbus, 5 cases; Lorain, 4 cases; Urbana, 3 cases; Defiance, Ironton, Zanesville, Chillicothe, 2 cases each; Toledo and Shawnee, 1 case each.

Typhoid Fever: Cleveland, 16 cases, 8 deaths; Cincinnati, 12 deaths, cases not reported; Celina, 8 cases; Columbus, 5 cases; Steubenville, 4 cases; Defiance and Middletown, each 2 cases, 1 death; Marysville, Springfield, Cadiz and Hartwell, each 2 cases; Ashland, Bellevue, Connaught, Uhrichsville, East Liverpool, Nashport, Miamisburg, New Concord, Rawson, Lewisburg, London and Youngstown, each 1 case; Columbus and Salem, each 1 death.

Whooping-Cough: Epidemic at Forest; Rocky Ridge, 25 cases, 1 death; Ripley and Bloomingburg, each 3 cases; Belleville, 1 case, 1 death; Delta, 1 case.

Measles: Cleveland and Felicity, each 3 cases; Springfield and Youngstown, each 2 cases.

The following towns report no infectious diseases present: Bedford, Mt. Vernon, New London, Beverly, Pemberville, Clifton, West Salem, Ada, Ashley, Logan, Clyde, New Carlisle, Huron, Kent, Plymouth, New Paris, New Bremen, Ravenna, Savannah, Oberlin, Alliance, Leetonia, New Richmond, Sabina, Springboro, Belle Centre, Van Wert, Aberdeen, Arcanum, Fostoria, Ches-

ter Hill, Williamsport, Leesburg, Nelsonville, Geneva, McComb, Akron, Bainbridge, Chagrin Falls, Smithville.

C. O. PROBST, M.D., Secretary.

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Medical News.

PHYSICAL CULTURE AS TAUGHT ABROAD.

GYMNASIA OF ENGLAND AND THE CONTINENT — SWEDISH GYMNASTICS.

Spencer says, "We progress by resisting;" that is, muscular effort is needed in order to be strong; our faculties are developed by exertion. The ancient Greeks knew this practically from observation. They had no clear theories of the circulation of a life-giving fluid through the tissues; they knew little of the waste and repair, regeneration and disintegration which go on during all bodily work, but they knew that with exercise they became strong and healthy, and fitted for war. They paid great attention to bathing, but not because they realized how impossible it is for the skin to perform its function when its millions of pores are choked with debris of epithelial cells and with dirt.

At this present time we have not such need of athletes and great bodily strength as in the days of Xenophon, Cæsar, or even of Napoleon. The old proverb, "The battle is to the strong, and the race to the swift," is true to-day, but it is more a conflict of brains, a race of memory and mind, which call for greater stamina and more powers of endurance year by year, as the conflict grows sharper, and intellects broaden and deepen.

In the schools, brain-power is put to its utmost test by the scholarships and

promotions offered, and by the dreaded examinations. What is the antidote to all this? How can the insidious foe and merciless enemy called "nervous prostration" be warded off? Riding in the omnibuses or horse-cars here is as instructive as many a clinic, and much sadder cases are seen,—absolutely broken-down business men of fifty years, women prematurely withered and gray, and children with chorea; the feeble as numerous as the healthy. In one omnibus-ride from the Bank to the British Museum, a distance of a mile and a half, last Saturday afternoon, five business men, of ages varying between forty and sixty, sat opposite me, having entered at different places, every one of whom was afflicted with tic, with partial paralysis, etc.

Health can only result from a *regular* and *uniform* development of the body. The man of healthy organism will not fail from inability to endure a sudden or protracted pain in some member, or from grief, watching, or any other unusual work. A sound heart will not give out from fright, nor will sound lungs rebel against a run, nor will well-developed calf-muscles ache after a tramp. It would not be necessary to take time enough from brain and other work to become an athlete, but an hour's judicious exercise during the day would prevent a premature break-down, and develop a fine condition of health and endurance. Body and mind need each other, and the one is most perfect when the other is in best condition. A *book-worm* is not an object of admiration to-day; he always induces a feeling of pity as of one whose development was arrested. The lean, hollow-chested student, whose round shoulders are unduly prominent, whose expression is cadaverous, is working sixteen hours a day to very little purpose; he reads without assimilating, listens to lectures without comprehending.

The children's hospitals here are crowded; the hip and orthopedic hospitals are over-full; the lanes and alleys swarm with puny, anæmic, deformed children, — pigeon-breasted, hollow-chested, scoliotic, stunted in all ways.

And what is the cause? Poor inheritance and unhygienic living. If one-fourth the money which here in London is spent on laying out and grading new sidewalks and roads, were spent on the homes of London's poor *wisely*, the physical and moral tone would be wonderfully raised in one generation. As it is, no city in the world does so much philanthropic work; but there is something wrong in the way in which it is done, and pauperism is encouraged.

Credit should, however, be given to efforts which are being put forth in the right direction. It is true, that a greater zeal for physical exercise is pervading society, philanthropists are directing their attention to the founding of gymnasia for the masses, as well as to the sanitary conditions of tenements and boarding-houses. Many young business men, beginning at the first principles of hygiene, diet, rest, devote an hour or two daily to the gymnasium, and are diligently endeavoring to strengthen their weak places.

"'T is mighty plain
That the weakest place must stand the strain:
And the way to fix it, I maintain,
Is only jest
To make that place as strong as the rest."⁽¹⁾

The former physical trainer at Oxford, Mr. Archibald McLaren, has written many good rules for the young men who have come under his care, and his works on physical training are among the best which I have been able to find. He has had much complaint to make of the bad rules prescribed by the men who prepare the boat crews, etc., in that they order very unscientific and injurious modes of living. To be sure, fresh air, good cold water and free ventilation are insisted on, and the demon of "internal fat," and its synonyms "loose flesh," are not heard of as much as of yore. The practice, however, continues of taking forced sweats, long fatiguing walks, rarely drinking, eating no fats and little starches; in fact, the men not only lose weight, but power and endurance. Their rule is, when eating and drinking, to leave off hungry and thirsty. Let us hope that Charles

Lamb's motto does not apply also, "When washing, leave off dirty." If men would learn to masticate well their rations, sip instead of gulp their tea or beer, learn to run for miles with no fatigue, and to use every alveolus which their lungs contain, then at the end of the course it could be said of them "well done;" but we should less often hear from the crowd of men standing to watch the fun and applaud, the slang remark, "Well done, fatty, one more stroke and you'll boil!"

Let a person be temperate in eating, drinking, and exercise, then Banting's system of starvation will not be needed. We hear every day ridiculous stories of the purging, vomiting and bleeding which men training for the great athletic contests live through to exercise their "internal fat, which stops their wind," and to remove the "crudities of stomach and bowels to have a clean point to start from," to quote another of their slang phrases. In eating they devour the yolk of the egg, and reject the white, and scrupulously refrain from pastry and from hot bread.

All of the special trainers at Oxford undergo the following regimen: They rise at seven, and after quickly dressing take a walk or short run; on returning they have a cold plunge-bath, and dress for breakfast, which is substantial, though it contains the least possible drink. Then follow three hours of mental activity to "rest the body." Their physical measurements having been taken, they go into the gymnasium, with their prescriptions of exercise, to re-inforce their weak parts, for half an hour or more. Dinner follows, and inactivity for an hour. Then comes the rowing; for which all of this has been preparation. They finish in a severe perspiration, take a plunge-bath immediately, and dress for supper; after which comes study, reading, recreation and sleep at an early hour. Thus are the contests won, and by less severe though methodical training, are most of the Oxford men put into good physical condition, and they have stood well and studied well for this training; moreover, very few of the special trainers have ever *rowed* themselves out of this life's

¹ O. W. Holmes: One-Horse Shay.

race-course, but rather have become some of the most famous men in history, intellectually.

The English system of gymnastics differs greatly from the Swedish, in that it is not as prosaic, and makes much greater use of apparatus and severe muscular work. To develop the various parts of the body, machines and pulleys, Indian clubs and dumb-bells, the trapeze and ladders of all kinds, sparring, running, and bell-pulling are all excellent as chest developers; but because the girth of the chest is good, it does not signify that the lung capacity is large, but rather that the pectoral muscles and the other casings of the thorax may be abnormally developed. Rowing is a good exercise for the muscles of the forearm and back, but very bad for the chest, and especially good for the legs. A good standing yawn is one of the best respiratory exercises, giving good action to the lungs, the respiratory muscles and to the abdominal muscles as well. The Swedish system includes great numbers of respiratory exercises, one of which is to bend backwards until the body is nearly double, and until it is possible to pick up a handkerchief with the teeth and smile between one's own feet, a hideous grimace it is, too.

Among pure abdominal exercises are various out-of-door or field occupations; mowing, digging, raking, etc.; but they all incline to be one-sided, unless great pains is taken to change hands often. Club-swinging is a good exercise when the body is supple and graceful. Digging and hoeing are useful strengtheners of the loins. Heavy iron dumb-bells to be lifted from the floor to overhead, and from side to side, are developers of abdominal anterior and lateral muscles. For the muscles of alternate sides of the body, there are hopping, carrying heavy weights, lifting chairs, throwing heavy balls, club-swinging to the sides; in this latter exercise, it is very unscientific to pound one-self in various spots and cause ecchymoses, as amateurs are prone to do.

For the arms, they have hammering, rope and pole climbing, trapeze and horizontal-bar work. These muscles

are exercised much more than any others, and it is conclusive to some that if their biceps are very large and hard, the gymnasium has done them much good. Athletes can raise their entire body by one finger; hard rowing develops the biceps; piano playing and a hundred other exercises are good for the fingers.

The feet and knees should be limber, not trembling and ship-wrecked. Here in England where bicycles and walking are so common, the calves of the legs become finely developed. Jumping, if properly done, ought to be perfectly safe for any man, woman, or child; dancing and springing up stairs two steps at a time strengthen knee-joints admirably. It is only as man evolves that shapely legs and calves develop. You notice that the savage races have very unæsthetic lower extremities, that only the *finest* Greek sculpturing gives those graceful curves. On the other hand, over-development is no more beautiful. Notice the ballet girls in this respect, and the enormous prominence of their gastrocnemii.

The English and Americans excel in out-of-door games for men and boys, but the girls are as yet taught to be little ladies and drink tea, with the exception of those who ride horseback. Foot ball develops the boy's lower extremities well; cricket adds to this, right arm exercise. Racquet, tennis, fives, fencing are all good games, if only both arms are used indiscriminately. However, muscular power is but one result of exercise, and that not the highest; this rule should always be appreciated.

Englishmen take exercise, not for itself, but as an antidote for their over-eating. They indulge to such an extent in roast beef and plum pudding, that nature stores within them the transformed products, as the best thing that can be done with so much surplus; consequently the weight of an average Englishman is much above what it should be, although, until gout, dyspepsia and other chronic ailments seize him, he is a fine specimen of humanity. I was forcibly reminded of Shakespeare's lines,

"And then the justice,
In fair round belly, with good capon
lined,"

when visiting the law courts; but in some members of the bar, that change, which occurs so gradually from genteel plumpness to actual obesity, had unmistakably taken place, and by reason of the fifty to seventy-five pounds extra burden of adipose, they probably lead a less and less active life. It is an old complaint — Hippocrates and Galen were as much puzzled to know how to treat it, as we are to-day; an instance of the way Galen struggled against the difficulties of the situation is found in his book on "The Fat and Lean Mode of Life." Until the plumpness has changed to obesity, there seems to be among the English families a delicious feeling of contentment and good nature, which wards off the "crows' feet," and "wrinkles," the *bete noir* of the French madame, and effectively excludes the "lean and slippered pantaloons."

If there were moderation in eating, and more exercise taken, the numerous "hydropathies" would be no longer needed, and the Turkish baths and saline springs would stand untroubled; so let us sing:

"Haste thee Nymph, and bring with thee
Jest and youthful jollity,
Quips and cranks and wanton wiles
Nods and becks and wreathed smiles,
Such as hang on Hebe's cheek
And love to live in dimple sleep.

Sport that wrinkled care derides,
And laughter holding both its sides,
Come and trip it as you go
On the light fantastic toe."⁽¹⁾

Let the business man walk an hour every morning, instead of eating a late breakfast of bacon and eggs while reading his newspaper, and then taking a hansom to his office. Let him have a good game of bean-bag in the evening with his children, or buy tricycles for the family, and with them take a speedy spin down the country lanes of the near suburban towns every pleasant evening before dinner; at any rate he should have some vigorous exercise until his skin is moist with perspiration; then a

brisk bath and rub, followed by a refreshing dinner slowly eaten and easily digested. A man five feet, six inches tall should weigh one hundred and forty-five pounds, and increase five pounds for each additional inch of stature.

English girls in the country are finely developed, vigorous, comely, and a pleasure to associate with. Perhaps the secret of this lies not wholly in their exercises and climate, but partly in their cold halls and corridors, unwarmed bedrooms, and never overheated drawing-rooms. To me the houses always seemed unendurably cold. The large and beautiful drawing-rooms were furnished with sparkling, bright, coal fires, very pretty and cheery, but capable of warming only one-half of the body at a time, until, by contrast, the other half, owing to contraction by congelation, nearly became insensible. In the French houses there was absolutely too little warmth even for any theory; and many a dinner was eaten while cold creeps and shivers chased each other from the vertebra prominens to the chorda equina, and the sour French wines only intensified the sensation.

As for the gymnasias, there are many and of various kinds and systems here in London; but if only every human being should be awakened to his or her need of exercise, there would be too few for even the thousandth part of the population. Let an excitement arise on the subject, let the halls be advertised on all the omnibusses, and every time a person hails one, let him see in great letters, not "Have you used Pear's Soap" (though it is to be hoped that he has used that or some other), but "Have you been to the gymnasium?" and another, "Good morning, have you taken your hour's walk?"

It would be a good thing if the heads of families would build open-air gymnasias on their tiny well-turfed plots of ground. There is a new out-of-door apparatus recently designed by Herr Stempel, of London, which will occupy only fifteen square feet of space. It is a German apparatus, but practical as well as theoretical.

London offers plenty of gymnasias

1. L'Allegro.

for the present state of interest. There are good Young Men's Christian Association halls, where the system taught is a combination of French, German and English. There are good Board Schools for the poor children, where, as it should be, the Swedish system, with no apparatus, is taught. This system was introduced about ten years ago, by Mme. Bergman-Osterberg, from the Central Institute in Stockholm. She is an exceedingly capable woman, and has given great prominence to this system in London. She has two large gymnasia of her own, a large swimming bath, tennis court, cricket field, and a training school for young women desirous of learning to be good thorough gymnastic teachers. Their course is two years long, and includes a study of anatomy, physiology, practical work of all kinds, such as fencing, archery, drawing, "slojd" commanding, etc. I should be glad to know that graduates from her school were finding places in America, and it would give me pleasure to hear some of Mme. Osterberg's enthusiastic lectures in our own cities.

Whenever the English system is taught there is a great lack of the commodious apparatus like that of Dr. Sargent, of Cambridge; this in London is clumsy, heavy, and little used by the pupils. While I, myself, prefer the Zander lever machines as being more scientific and in accordance with nature's laws, many persons more perfectly acquainted with the subject of physical training than I, greatly admire the pulley apparatus, and if the pulleys are to be used, there are none which begin to equal in simplicity, evenness of action, or compactness those which Dr. Sargent has invited for the Hemenway Gymnasium.

The exercises in some of the gymnasia are not based on physiological principles, nor are they adapted for an even development of the whole body. The question occurs to me, would these young business men enter with zeal and enjoyment into the more prosaic Swedish turning and twistings with little or no apparatus? Their minds would be continually occupied with the movement and its utmost perfection; but

would they have found causes for their healthful, hearty laughter without trying some of the ridiculous positions and almost impossible gyrations on the English horizontal bar, swinging rings, etc? I think that this result might have been expected from the German system, but not from the Swedish. To be sure, the exercises would have been better as far as development of every part alike was concerned, and the part of the brain which had been in use all the day would have been rested as well; but this is not the whole purpose of the gymnasium.

Let me here define my position today as to the relative merits of the Swedish and English systems. The former is theoretical and practical, founded on true physiological principles. The Swedes have been educated by it for many years, and many of them know of no other system, consequently are satisfied with what they have. I grant that, as a whole, they are a nation of physical models, many of them prodigies in strength and health; owing greatly, I believe, to the even development which has been given them by gymnastics when children. For young children and growing girls and boys, the Swedish system should be everywhere employed as a guide for the daily exercises, and when the body is evenly and fully developed, then, and not until then, ought to come the random, haphazard performances on the heavy apparatus. They jump and vault remarkably well, the vaulting being their chief, almost their only, movable apparatus. Their class drills, without music, are beautiful in precision and uniformity, and they learn to walk and to balance themselves in their gymnasium costumes with wonderful grace.

The English system, on the other hand, is chiefly with apparatus, whether the body is perfectly or unevenly developed. On watching a class exercise a few days ago, I was struck with the fact that during two hours' work, only ten minutes time was devoted to leg movements (this was by a long run). The remaining time was spent on arm developments, especially of the already overgrown biceps; there were Indian

clubs, short and long wands, dumb-bells light and heavy, swinging rings, high bars and ladders, swinging ropes and poles, etc. Yet these were hearty business men, and if they followed the exercise with a cold plunge bath, I think they might easily take seven hours' condensed sleep without once waking or dreaming.

As for gymnastics in France, a great revolution in that branch of education is needed to save the nation from utter ruin. Some of the children are exercised twice a week, for an hour, in a room where the sawdust on the floor, stirred by the tread of feet, ascends in dizzy whirls and fills the room, and must be breathed by those there present. Small children, not yet half grown, are made to swing in the trapeze until their shoulders are nearly dislocated; to jump over parallel bars until the wonder is that they are not deformed for life. The smallest children, even the beginners whose muscles are yet soft, are put at work of this kind; and, delicate as most French children are, I doubt if the exercises can do enough good in strengthening their muscles or courage to counteract the baneful influences on their development.

There is too much to be said in favor of the German system to attempt it here. In many cases, it not only equals, but excels the Swedish system for young or old. It is more varied and amusing, and often as physiological, though with a little different basis. One great fault with this system is that the children and women are allowed to exercise in tight, pointed shoes, heavy skirts, and with their abdomens and chests bolstered stiffly with corsets. "T is true, 't is pity, and pity 't is, 't is true." Why do not the great gymnastic thinkers see this evil and eradicate it? Some of our tastes are sadly perverted so that we cannot see ideal beauty in the unfettered form of the savage; but the exquisite beauty of the "Venus de Milo" in the Louvre; of the Diana, and Apollo Belvedere, show us in marble the perfect type of the Ancients, and as by instinct, we feel the æsthetic and marvellous grace of those figures. They seem to us the embodiment of strength

and health, and, as if by divine inspiration, to elevate and educate all who endeavor to learn lessons from them.

Does my imagination carry me too far, when I gaze on that calm, logical, powerful and perfect womanly ideal face of the Venus of Milo, if I hear her say:

"Would'st thou give strength? Then thou must strength obtain.

Would'st thou be strong? Then must thou strength bestow.

Would'st others serve? Then thine own welfare gain.

Would'st happy be? Kind thoughts for others show."(*)

—KATE C. HURD, M.D., *Boston Med. and Surg. Journal.*

THE catalogue of the New York Polyclinic shows an attendance for the session of 1889-90, of 422. The following extract shows that the Faculty have resolved to exclude all but graduates of regular medical colleges from matriculating at this school: "Practitioners who are graduates of regular medical colleges, or who, having attended one or more courses of lectures at such colleges, have a legal permit to practice, will be admitted."

EQUAL parts of burnt alum and tannin sprinkled in powder upon venereal warts will desiccate them, and they can be rubbed off in a few days.

—*Columbus Med. Jour.*

LITHIA POTASH WATER (*St. Louis Medical and Surgical Journal*, July, 1890).—There can be no doubt whatever that the salts of lithia exert a powerful influence on the rheumatic and gouty habits, as well as in certain renal diseases in which an excess of uric acid is found. The lithia is also beneficial where an abnormal formation of sodium takes place. As pointed out in the *JOURNAL* (July, 1889), the natural lithia waters contain too small and variable a quantity of the salt. Enno Sander, of St. Louis, has produced an artificial lithia potash water or "Garrod Spa," as he calls it, which is uniform, and whose formula is as follows:

R Lithium bicarbonate,	grs. xij.
Magnesium bicarbonate,	grs. x.
Potassium bicarbonate,	grs. xvi.
Sodium chloride,	grs. x.
Carbonated water,	3 xvj. M.

1. Cripton: A Thorny Orchard.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

THE BANKER AND THE SURGEON.—One of the Rothschilds, a London banker, sent for the celebrated surgeon, Liston, but at the sight of the surgical instruments his heart failed him, and he asked Liston to call some other day. On the appointed occasion Liston returned and Rothschild submitted to the operation without chloroform or a murmur. The operation over, the banker turned around and looking at the surgeon in a phlegmatic manner, remarked: "You think I am going to pay you for making me suffer. Do not deceive yourself. This is all you shall have to remember me by!" and he threw a dirty old night-cap at the surgeon. Liston laughed, and picking up the night-cap put it in his pocket, and bade his patient adieu. Descending to his carriage, Liston opened the night-cap, and pulled out an Israelite's check. It was Rothschild's, payable to Liston, for the sum of five thousand dollars. This fashion of generously requiting an obligation was the usual one with this English Rothschild.

WOMEN DOCTORS.—Women who practice medicine suffer from inconveniences at times, as for instance. A man rang a door bell of a female physician at night, crying: "Quick! Tell the doctor to hurry, as my wife is about to be confined." Then the husband of the female physician, who had opened the door, responded: "It is impossible for the doctor to go at this moment. She is about to be confined herself."

GRATUITOUS MEDICAL ADVICE.—A certain very rich and avaricious man conceived the idea of receiving gratuitous advice from the English doctor, Abernethy. For this purpose he invited

the physician to a dinner party, and in the course of ordinary conversation he insinuated his own case by remarking: "Doctor, suppose a man has symptoms—thus and thus. What would you advise him to take?" And Abernethy answered: "I should advise him to take medical advice.—[*Edgar Poe.*]

THE HEART OF A NINETEENTH CENTURY COQUETTE.—There is nothing in our noble medical art more difficult to perform, than an autopsy on the heart of a flirt. This is owing to the labyrinths and folds therein found, which are never met with in the male cardiac organ. In examining the pericardium of a coquette, we perceive, by means of a microscope, thousands of small cicatrices. This membrane also exudes a peculiar liquid which possesses many of the attributes of alcohol. I filled a thermometric tube with this liquid, and having hung it up in my room, discovered that the fluid raised in the tube whenever a man came within ten feet of the instrument; that is, it rose when the man was young and handsome, when he was old and decrepit it fell below zero. The external surface of a coquette's heart is always polished. It is a smooth article, and the apex is invariably very cold. Attempt to seize the organ with a firm hand and it slips from your grasp like an eel. The fibres of such hearts are interlaced more than ordinarily, and make a true Gordian knot. An examination of a coquette's heart shows that there is no communication, even by anastomosis, with the vessels of the tongue. The nerves attached to a coquette's heart, at least those filaments that awaken passion, love, hate and jealousy, are not connected with the brain, but with the muscles of the eyes. The weight of a flirt's heart is so light as to be almost imperceptible. It is always an empty organ. Placed in a fire, a coquette's heart will not be consumed. It is too cold for warmth to attack it, and is really without vital function.

A LARGE PRESCRIPTION PAPER.—A physician of Chellous went out in the country to see a patient and left his

prescription book behind him. Strange to say there was neither paper, pencil, nor ink in the sick man's house. So the doctor took a piece of charcoal and wrote his recipe on the barn door. The coachman took the door off the hinges, placed it in a wagon and rode five miles to a pharmacist to have the prescription filled.

* * *
ANTISEPTIC DUELLING.—In a recent duel with small swords, just as the principals were in position, a loud voice exclaimed: "One moment, gentlemen!" At the same instant a surgeon sprang forward with a bottle in his hand. This surgeon was imbued with modern ideas, and taking the swords he dipped their points in a solution of phenic acid, remarking as he handed them to the duellists: "Gentlemen, you may now kill each other without danger of purulent infection!"

* * *
NIGHT THOUGHTS.

"Life is always a mortal malady."
 —[*Homer*.]

"From time immemorial we see charlatans and old women imposters attempt to rival trained physicians in the struggle for medical celebrity and cures, recalling the words of the prophet: If the success of the ignorant and my own success be equal, of what use is the study of wisdom?"—[*Bacon*.]

"Physicians are liable to be materialists, and astronomers to be atheists. This is because the former have the brain of man continually under their eyes, while the others only perceive the brain of the world."—[*Saint Beaurc*.]

"The duty of the doctor is to cure in a sure, prompt and agreeable manner, *tuto cito et jucunde*."—[*Esculapius*.]

"The confidence that a patient has in his physician operates often as much as the remedy."—[*Avicenna*.]

"Women doctors are not to my taste."—[*Moliere*.]

"Life is short, art is long, appearances deceptive, and judgment difficult."—[*Hippocrates*.]

"For the half of life we waste health for fortune; during the other half we expend a fortune for health."—*Voltaire*.

"The physician's slumber is the only one not respected."—[*Forget*.]

Diogenes when asked how to dine replied: "If thou art rich, dine when you please; if thou art poor, eat when thou canst."—[*Deschanel*.]

"Life is a railroad: the years are the stations, the engineers are our doctors, and the terminus is death."—[*Le Figaro*.]

* * *
FRENCH MEDICAL JUSTICE.—A well known Parisian doctor asked one hundred francs or twenty dollars for remaining at a sick woman's bedside all night at the urgent request of her family. On the patient's recovery the physician demanded the fee and was refused. The case was carried into court and three medical experts were chosen to settle the matter according to the medical schedule of prices. They brought in a verdict, which the court sustained, of two hundred francs for the plaintiff, and two hundred for each of the three experts, making a total of eight hundred francs for the mean patient's family to pay instead of one hundred francs.

* * *
A FEROCIOUS CREDITOR.—A poor country doctor had bought, some months before, two sacks of flour from a peasant, who demanded a settlement of his account in a very angry manner. "You have been too long in paying!" he cried, "I desire my money immediately." "But I have no money," expostulated the physician. "No money!" screamed the peasant. "Very well, give me my merchandise then." The physician smiled as he replied: "But I have eaten it, and cannot return it in a fresh condition." This remark seemed to irritate the peasant, who retorted: "I shall seize your furniture then!" To which the doctor answered triumphantly: "It does not belong to me, and therefore cannot be held for my debts." The peasant sighed deeply, and seeing some leeches in a glass on

the table, he picked them up, remarking: "Well, if I can have nothing else, I will take your leeches." To this the physician agreed.

* * *

ALMOST AN APHORISM.—The Journalist X. recounted all his woes to his physician. He had neurosis, insomnia and gastralgia. The doctor raised his head and exclaimed: "My dear friend, all my remedies in such a case are impotent. You must keep sober. No champagne, no alcohol, in fact, in any shape, no theatre; in other words, avoid Bacchus and Venus, and thus will you re-establish your hygiene." To which the editor replied: "You are right, doctor, but the misfortune with me is that where there is hygiene there is no pleasure. I think I shall stick to pleasure, as life at best is short."

* * *

VIRGIN MODESTY. — A Sister of Charity had a tape worm. "When we have what we cannot love," says the proverb, "we must love what we have." But the nun and the proverb

differed in opinion. The expulsion of the anchorite worm was decided on. A physician was called in and prescribed koussou, that Fourth of July for tape worms, but alas! the koussou failed. "Ah, Sister!" said the physician to the *religieuse*, "when koussou fails we must use the *male fern* on you." The nun blushed scarlet, and timidly made answer: "The *male fern*! Heavens! In that case, doctor, I must have a special dispensation from our Bishop!"

[TO BE CONTINUED.]

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GANGRENE.

A Paper read before the Cincinnati Medical Society, May 27, 1890,

BY

E. W. WALKER, M.D.,

Prof. of Principles of Surgery and General Pathology, Miami Medical College.

In the latter part of last September, I was called to see an old gentleman sixty-five years of age. He was a man of splendid physique. His habits had always been of the best. On account of his business he had spent most of his life out of doors. He had been suffering, when I first saw him, for some weeks from an intense pain in the little toe of the left foot. There was no history of any injury. A careful examination showed a slight discoloration on the inner surface of the little toe. The pain he suffered was intense. Local injections of cocaine, warm poultices, lead and opium wash, produced no relief. Morphia hypodermatically and internally in large doses was given with no benefit. A diagnosis was made of senile gangrene.

The condition of the patient grew gradually worse. The gangrene slowly extended until the middle and fourth toes and arch of the foot became affected. The patient was forced to go to bed, and was unable to allow his foot to hang down a moment. The amount of morphine was increased until the patient took eight grains in the twenty-four hours. Notwithstanding these large doses, he was constantly suffering, sleepless, and emaciating rapidly. He was clamoring for relief. As a last resort amputation was suggested.

As he was suffering so much and failing so rapidly, the outcome of the case would probably have been death in a short time. On the 8th of November the amputation was performed. The point selected was a short distance below the knee. A long anterior and short posterior flap was made. After the vessels were tied and the tourniquet removed, to my great chagrin, the ligated vessels did not pulsate, and there was not a drop of oozing from the smaller vessels. The vessels stood out like pipe-stems, the walls being greatly thickened. To make matters worse, no pulsation could be detected in the common femoral artery. Before the tourniquet was applied the pulsation in this vessel was felt. Everything looked unfavorable. A higher amputation was thought of, but the idea was given up, as the patient was already considerably shocked. The femoral being plugged, no benefit could have been derived from a higher amputation. The patient and his family having been advised of the danger of the return of the gangrene before the operation, were still more forcibly told of the danger after the operation.

Given a case of senile gangrene; rapidly extending; patient much emaciated; taking large doses of morphine without relief from pain; vessel walls much thickened and calcareous; no pulsation in the femoral artery after the operation. A more unfavorable case could hardly be imagined. As few stitches as were necessary to approximate the edges of the wound were used, and after a thorough douche the stump was dressed antiseptically.

On the fifth day the dressing was changed, and to my surprise and gratification the stitches, except one, had held. A small slough about the size of

a silver dollar, had taken place at the external angle of the wound. The drainage tube was removed on the tenth day. In seven weeks the patient was able to go about on crutches, the stump having entirely healed. The relief from pain from the operation was almost immediate. The morphia was stopped after the fifth day. The recovery was rapid. He now is walking on an artificial leg with the assistance of a cane.

In my limited experience I have had the opportunity of seeing and watching to the end five cases of senile gangrene, the case reported included. The four other cases were left to the care of nature, with the assistance of tonics, anodynes and washes. These four cases all died in the course of from three to ten months after the diagnosis had been established.

In the majority of cases of senile gangrene authorities agree that death is produced by exhaustion or some intercurrent affection superinduced by exhaustion. Septicæmia, although a frequent cause of death in some other forms of gangrene, is not a frequent cause in this form. The rule is, in acute forms of gangrene septicæmia is frequent, in chronic forms it is infrequent. The disease is produced by a calcareous change in the vessel wall, affecting not only the large, but also the peripheral vessels.

Cases are reported in which gangrene simulating senile gangrene, occurs in young people due to a syphilitic disease of the vessels. The spread of this kind of gangrene is prevented by large doses of iodide of potash. Syphilitic arteritis is, then, a cause of gangrene simulating senile gangrene.

Hutchinson says that nine out of ten cases of senile gangrene are of the moist variety.

Ernest Tricomi, in 1887, reported that in one form of senile gangrene, a micrococcus was found, which, when cultivated and inoculated, produced the same lesions in the lower animals. The majority of cases are due, however, to the atheromatous change.

In regard to operating in these cases, it seems to me that, realizing the general result in a majority of those

left to nature, recovery rare and at best very prolonged, amputation is justifiable in many cases with proper antiseptic precautions. There are some cases in which an operation is not justifiable. If the patient was very old and emaciated, probably the shock of the operation would be fatal. If the patient was suffering from some marked cachexia, as for instance, the cancerous, probably amputation would only hasten the end. The same in a diabetic patient. In excessively obese people the prognosis is not nearly so favorable as in thin persons.

If an operation has been decided on, two very important questions come up: when to operate, and where to operate. In regard to the time chosen for operation, it seems to me to be when the patient takes his bed and when the disease is fully established. In no single case can any one tell how far the gangrene will extend, so that a strong argument might be brought forward, that in early amputations too much of a member may be sacrificed. The points in favor of the early operation seem to outweigh those against it, in my opinion. Any one who has watched one of these cases knows how very slow the process is, and this slowness, together with the usual pain and progressive emaciation, makes the prognosis more favorable when the operation is made early rather than when the patient has been weakened by the pain, sleeplessness, fever, and confinement to bed.

Where shall the operation be performed? This is also a very important question to decide. Hutchinson advises for gangrene of the foot an amputation in the lower third of the thigh. His reasons are: that the vessel is less likely to be diseased at some distance from the spreading gangrene, consequently the danger of secondary hemorrhage is less; only one vessel of any size is ligated instead of several; and only one bone has to be sawed through. It is a well recognized surgical law that, other things being equal, the nearer the trunk is approached in amputations, the greater the mortality. This is especially true in the case of old people. When we realize, however, that the nearer we

approach the spreading gangrene, the greater the probability of finding the vessels diseased, it seems to me that the same rule applies here that exists in aneurisms, viz., ligate some distance from the sac, as the chances of finding a healthy vessel are much better than if the ligature is applied near the sac.

The conclusions to be drawn in these much dreaded and disagreeable cases are: Unless some cachexia, extreme old age, with great loss of vitality or some other condition exists, which makes the surgeon think that his patient cannot stand the shock of the operation, the operation is justifiable. Operate early, as soon as the disease is well established, especially so if the pain is very great, and the patient emaciating very rapidly.

Taking everything into consideration, it seems as if the lower third of the thigh is the preferable point to amputate. In some cases, however, the amputation may be made lower. If it is my misfortune to meet another of these cases, I think I shall choose the lower third of the thigh.

[FOR DISCUSSION SEE P. 193].

VEGETARIAN DIET.

Dujardin-Beaumetz (*Wiener klin. Wochenschrift*, April 10, 1890) claims that this diet thoroughly subserves alim-entation of the organism; the best proof of which is furnished by the poor peasants who do not eat meat, yet are strong and healthy. This diet is of therapeutic importance in certain diseases. A vegetable diet limits to a minimum the production of toxines, such as neurin, muscarin, etc. It is indicated in insufficient functional activity of the kidneys and alimentary canal, indeed in all similar conditions where an accumulation of ptomaines in the blood might prove dangerous. It is also indicated in "putrid diarrhœa." In diseases of the stomach, a vegetable diet is especially indicated, as the intestines are principally employed in its digestion, thus affording the stomach considerable rest. In the uric acid diathesis, this diet is also recommended.—*Occidental Med. Times*.

SOME PRACTICAL REMARKS ON THE ETIOLOGY AND TREATMENT OF DEAFNESS.

A Paper read before the Academy of Medicine,
February 24, 1890,

BY

FRANCIS DOWLING, M.D.,
CINCINNATI.

A distinguished writer on ear diseases states that nearly all persons over fifty or sixty years of age no longer hear perfectly well, and that this is so general that it is considered a physiological condition. Von Trötsch says that between the ages of twenty and forty nearly every third person has some difficulty of hearing, with one ear at least. The statements of many other distinguished writers in this department of medicine support the opinions of the above authors, in so far as that from the twentieth year upwards there is an alarming amount of deafness in a greater or less degree, and that while during the years of from twenty to forty the number who are completely deaf is comparatively few, still the number whose hearing power is below normal is very great. The larger number of cases of deafness do not come under the care of the physician until they are far advanced, and one reason for this is that a great number of ear affections which cause deafness commence insidiously, give rise to little or no pain, and impair hearing so gradually that no disease is suspected until the defect of hearing is quite marked.

The great majority of cases of impairment of hearing have their origin in diseases of the ear that occur during the years of childhood. Probably out of every dozen children under five years of age, six will have had some trouble of the ear characterized by pain, and a discharge more or less profuse; in other words, some disease of an inflammatory nature, arising from some of the following causes:

Cold: This stands in the first rank as a causative agent in developing ear diseases, both in childhood and through all periods of life.

Bathing, when improperly carried out, and when the water is allowed to enter the ear tubes, is especially injurious; this is particularly the case in bathing the head in cold water, whereby the temperature of the scalp is suddenly lowered, thus tending to produce congestions of the mucous membranes of the throat and ear.

Throat affections, of whatever kind, readily extend themselves along the Eustachian tubes to the ear and produce disease of that organ; this is especially so in inflammations of the throat which accompany scarlet fever, and this in itself is the cause of one-third of all cases of deafness.

Catarrhal inflammation of the lining membrane of the nose is another frequent cause of ear disease that often terminates in deafness. Diphtheria, especially in its malignant form, is likewise a potent factor in the causation of this affection. So, too, is the prolonged use of quinine in large doses.

Diseases of the ear causing deafness are often the result of constitutional diatheses, such as the rheumatic, scrofulous, tuberculous, etc. About one-fifth of all causes producing deafness are hereditary in their nature, some families having several members deaf; and a distinguished American author states that this is largely owing to a too close consanguinity of the parents.

By far the greater number of ear disorders that develop deafness are chronic, such as catarrh of the middle ear and inflammation of the drum-head, and the great majority of these cases result from neglect of acute attacks that in their earlier stages were more or less curable, but were allowed to go on until the damage produced was irreparable. In this connection Dr. Roosa states that out of five hundred cases of deafness that came under his observation 34 per cent. had continued a year before coming under treatment, and 21 per cent. from five to ten years.

Deafness is more prevalent in this country than in Europe for several reasons. One is that here catarrhal affections of the throat and ear are more prevalent, especially in our Northern States, owing to the variability of the

climate. Another reason is that, owing to many causes, business and others, people neglect or postpone going under treatment for the affections of the throat or ear that give rise to deafness until the trouble has become permanent. Then, with the coming years, it is more than probable that the very general use of the telephone, and other instruments of a similar kind that throw the labor on one ear to the exclusion of the other, will contribute their share toward increasing the rate of hearing troubles, more especially in the great commercial centers of our country.

The diseases causing deafness are much more frequent in the male than in the female, probably owing to the fact that the former is more exposed to the vicissitudes of climate than the latter. Sir William Wilde, of England, reports two hundred cases of deafness due to ear diseases, out of which number the males greatly preponderate. Roosa, of America, reports five hundred cases, out of which there were two hundred and three females and two hundred and ninety-seven males.

In the remarks which I have to make on the treatment of deafness, I have to deal more particularly with that condition of the drum-head which accompanies a large number of cases of this affection, viz., thickening and opacity of the membrana tympani.

There is no doubt that in the majority of instances this condition of the membrane is a result of some disease of the external or middle ear, and these latter, by the way, furnish by far the greater number of cases of deafness that come under observation. There are a large number of cases, however, where this condition exists, more particularly in the case of elderly people, where no history of antecedent disease can be found, and it is but fair to infer that its presence is due to senile changes that have taken place in the drum-head *a priori*, owing probably to a lowered state of the nutrition of the part. But whatever gives rise to the trouble, the thickening and opacity of the membrane interferes more or less with its vibrations, and thus curtails its functional activity in the act of hearing.

The treatment which I wish to report, and which was carried out in the following cases, does good by diminishing the opacity and thickening of the membrana tympani, by increasing its nutrition, and likewise its functional activity as a result. It will be well to state here that the treatment is more efficient in cases where the morbid condition of the membrane is due to senile changes than in cases where it results from previous ear disease.

The treatment consists mainly in penciling the drum-head with a 0.2 to 0.4 per cent. solution of phosphorus in olive oil. This was carried out in the following cases:

CASE I.

This was the case of an old gentleman, aged seventy-six, who came to see me October 6, 1888, complaining of great difficulty of hearing, and was very sensitive about his condition. He had tried everything that had been recommended to him; had tried quack doctors and regulars, without any success. On examination I found that both ear drum-heads were studded with opacities of an irregular shape. The watch could be faintly heard on both sides when placed in immediate contact with the ears. There was no evidence or history of disease of the middle or external ear. I applied a one grain solution in this case, but soon increased it to two grains. The treatment was kept up until January, 1889, when there was an increase in the hearing distance by the watch of three inches for the right ear and five for the left.

I saw the patient again in six months afterwards, when the hearing had again become very bad. I again treated him for several months, as before, and in addition used Politzer's inflation for a part of the time. I have not heard from the case since, nearly a year ago, but presume the good effects have continued.

CASE II.

Miss W. has complained of difficulty of hearing for over a year. Had a gathering in her right ear years ago, during an attack of measles. Examination revealed quite a large perforation

of the drum-head of the right ear, which probably dates from the attack of measles. She hears the watch at ten inches with the right ear. The left ear drum is intact, but considerably thickened; the watch is heard at three and a half inches with this ear.

This case was under treatment from July 29, 1888, until January, 1889, when the hearing distance had increased to twelve inches with the left ear, the one treated.

CASE III.

This case is that of a man, aged forty-three, of dissipated habits, a painter by trade. He came to see me April 20, 1888. He was attacked with loss of hearing rather suddenly about three months previously, and since then had been under the professional care of another physician, but had not improved in regard to hearing. Both drum-heads presented an opaque, shriveled appearance. The watch could be faintly heard when placed in contact with the left ear, and at two inches from the right ear.

In this case the applications were made three times a week for a period of two months, when the patient concluded to go to Hot Springs, Arkansas. As I suspected a specific cause in this case, I gave, in addition to the local treatment, ten-grain doses of iodide of potassium three times a day for the first three weeks. When the patient left me there was considerable improvement in the hearing. He came back from the Springs early in May, 1889, evidently as bad in his hearing as when I saw him first. I treated him several months, but without any evident success, when he discontinued treatment, and I lost sight of him for over a year.

CASE IV.

Mrs. G., aged fifty-two. In this case the deafness dates from the birth of her last child, now aged sixteen. Both ears are affected. The hearing distance for the right ear is twenty-eight inches, that for the left only six inches. Both ear-drums are opaque. A four-grain solution was used in this case, but the strength of the solution was reduced to one grain to the ounce after a week's

treatment. This case was treated for nearly a year, with marked improvement in the hearing.

CASE V.

This is the case of a young woman, aged twenty-five, who came to me November 7, 1888, complaining of difficulty of hearing in the left ear. There was marked opacity of the drum-head of the affected side; the other was about normal. Here there was a history of catarrh of the middle ear. I treated the case about a month, but, as at the end of that time there seemed to be no improvement, the patient got discouraged and discontinued treatment.

CASE VI.

Mr. S. came to me in the fore part of January of this year, and is still under treatment. He is sixty-two years of age, and has had difficulty of hearing for over ten years, the trouble growing worse as he grows older. Here I used a four-grain solution. He could not hear the watch even when placed in contact with the right ear when he came under treatment; now he hears at one inch, and at four with the left ear. I think the opacities in this case are the result of senile changes.

These are the cases in point that I have any record of. I present them to the Academy for what they are worth, in hopes that others may try the treatment and give us the results.

In conclusion, I would state that in Case III, after all other means of treatment had been exhausted, I opened the ear-drum by paracentesis of the membrana tympani. Following the operation there was considerable improvement in the hearing on the side operated upon, but the good effects were not permanent, on account of the closure of the opening in the ear-drum, which took place a few weeks after it was made.

This is the great difficulty in operations of this nature. The improvement in the hearing generally continues as long as the hole in the drum-head remains open, but as soon as it closes up, which it generally does, sooner or or later, the old condition returns.

From the time that the operation was first carried out by Sir Astley Cooper for the cure of deafness until the present day, various contrivances have been suggested and used to keep the opening from closing. Probably one of the most ingenious of these was the eyelet of Politzer, of Vienna, which was made of gutta-percha, with a groove running around it which fitted into the edges of the opening in the membrana tympani. This had a successful run for a while, until one day the eyelet slipped out of the opening in the membrana tympani into the middle ear and produced an acute inflammation of that cavity. After this the eyelet device fell into disfavor. Various other procedures have from time to time been tried to keep the opening from closing, as touching the edges with acid, etc., but none of them succeed in keeping a permanent opening. If means could be found to do this, the treatment would be an excellent one in cases of abnormal thickening with opacity or calcification of the membrana tympani.

164 West Ninth street.

A PRACTICAL SUGAR TEST.

Nothnagel showed a handy test for sugar, which had been forwarded to him by Dr. Becker, of Cairo. It is simply a visiting card saturated with a solution of potash, over part of which is drawn a covering of the sulphate of copper, and the urine applied. The card is then laid on the globe of a lamp, when the saccharine urine will color the card brown, and this color will be the deeper the greater the amount of sugar.

—*Med. Press.*

DR. FRANK BOSWORTH, of New York, concludes from a careful study of the subject, that no country in the world has more valuable mineral springs than are to be found in the United States, and that a thorough test of their properties by medical men, and the adoption of systematic regimen, with a view to regulating cures, would secure them popular recognition.—*Times and Register.*

Correspondence.

DOMESTIC CORRESPONDENCE.

RECTAL DISEASES.

NEW YORK, August 3, 1890.

Editor Lancet-Clinic:

The clinical material in this city is so large that, even in its quiet season, much can be seen in its hospitals and dispensaries. I wish in this letter to speak of diseases of the rectum and anus, a subject that has interested me much, and of which much may be seen.

The chief out-door material is to be found at Prof. Kelsey's clinic, devoted altogether to anal and rectal diseases, in the Post-Graduate School. I have also seen many operations for such diseases in the various colleges. These cases usually drift afterwards into Prof. Kelsey's clinic.

The cases which present themselves most frequently are those of fistula in ano. Among them are found not only adults, but a number of quite young children; one was only eight months of age.

I was interested in observing a few days ago the varied conditions of the fistulous tracts in a number of patients who were operated upon at the same time. While in one, a quite robust individual, the tract had nearly healed, in another, a young Italian, with a family history of tuberculosis, scarcely any progress could be noted. Others were in an intermediate stage of improvement.

Prof. Kelsey believes that the presence of tuberculosis in an individual who is not run down should not be a contra-indication to the radical cure for fistula. He believes that it is perfectly safe and justifiable to operate on these cases, and that it is better for the welfare of the patient to be suffering from one than from two exhaustive diseases, and therefore operates.

He mentions as one of the causes of fistula the injection of carbolic acid in the treatment of hemorrhoids. He is very much opposed to this plan of treatment, and has almost entirely given it

up. I saw one case, a young man, who had been treated at another clinic, in which the fistula had been caused in this manner.

His plan of treatment of hemorrhage is by means of the clamp and cautery. He claims that this is the best method to get rid of these tumors, and that the patients recover more rapidly under this plan than from any other. He thoroughly cleans out the bowels with a cathartic, and one hour before the operation, gives an enema of soap-suds. The patient is then put under the influence of ether, the sphincter is stretched, the piles are pulled down, the clamp is applied, and the protruded mass is cut off with the scissors. The stump is then cauterized with a thermo-galvano-cautery. The clamp is then loosened, and if no hemorrhage occurs, the stump is returned within the anal opening and the patient put to bed, a suppository of opium and belladonna being given, enough to confine the bowels for twenty-four to thirty-six hours. After this time the bowels ought to be encouraged to move. This should be preceded by an injection of oil. He claims that patients treated in this way are out of bed on the second or third day.

At the St. Marks Hospital, Dr. Beck performed a partial excision of the rectum for partial prolapse of the rectum and piles. In this case the doctor made a semi-circular incision around the anus, beginning on one side and sweeping the knife anteriorly till he reached a corresponding point on the opposite side of the anus. The incision was made about one inch from the verge of the anus, just outside of the external sphincter muscle. The skin of the anus was dissected from the underlying tissue and the lower portion of the bowels was loosened from its attachment to the pelvic walls. The anterior wall of bowel was the incised a little above the anus, and a portion of the anterior wall was removed (this included the prolapsed as well as pile-bearing region). After checking the hemorrhage, the upper segment of the gut was united with the lower, and the external skin wound was closed.

At the new Cancer Hospital, Dr. B. Farquhar Curtis performed an inguinal colotomy in a woman for the relief of obstruction produced by cancer of the rectum. In this case excision of the rectum was out of the question, as the malignant growth was not confined to the gut, but had already infiltrated the pelvic walls and some of its viscera. In performing this operation he made an incision over the left inguinal region, cutting through the skin and fascias till the external abdominal muscle was reached. Then the knife was cast aside, and with a dull instrument the fibres of the external abdominal as well as the fibres of the internal and transversalis muscles were separated until the transversalis fascia was reached. Here the knife was again used until the abdominal cavity was opened. At this point of the operation the doctor called attention to the fact that that portion of the sigmoid flexure, where the mesentery was comparatively short, was more appropriate to be united to the abdominal wound than one where the mesentery was much longer; the object being to prevent, as far as possible, the formation of a prolapse of the artificial anus. He then attached the upper portion of the sigmoid flexure to the abdominal walls by means of numerous catgut ligatures. The parts were dressed antiseptically and the patient sent to the wards, the opening of the gut being reserved for the following day.

DR. L. J. KROUSE.

EXTREME LARGE DOSES OF MORPHIA.

A CASE FOR SURGICAL INTERFERENCE.

Editor of the Lancet-Clinic.

SIR:—Occasionally the excessive use of morphia in disease can not be prevented. I have a patient afflicted with an intra-pelvic growth, pressing upon and involving the sacral plexus of nerves on the left side, causing intense pain down the entire limb, who has taken seventy-two bottles of morphia (P. and W.), since February 1st of this year. Any statement her husband made of the

amount of morphia she was taking seemed incredible. Accordingly a test was arranged. Five bottles of morphia were procured, and on Saturday, August 2, at 2:30 p.m., in my presence, she took the first dose. The last dose was taken on the following Tuesday, at 5:30 p.m. She had taken, easily, in her ordinary doses, five bottles of morphia in three days and three hours (who can beat it?), ninety-six grains of morphia in twenty-four hours. The most remarkable part of it is, she does not sleep nor seem to be affected from it in any manner. A dose exercises only a slight anodyne effect, passing off in three hours, with a return of the pain.

A complete history of the case will be furnished later.

GEO. A. NEWTON, M.D.

New Straitsville, O., Aug. 7, 1890.

THE DEADLY COLD BED.

A writer in *Good Housekeeping* says: "If trustworthy statistics could be had of the number of persons who die every year, or become permanently diseased, from sleeping in damp or cold beds, they would probably be astonishing and appalling. It is a peril that constantly besets traveling men, and if they are wise, they will invariably insist on having their beds aired and dried, even at the risk of causing much trouble to their landlords. But the peril resides in the home, and the cold "spare room" has slain its thousands of hapless guests, and will go on with its slaughter till people learn wisdom. Not only the guest, but the family often suffer the penalty of sleeping in cold rooms, and chilling their bodies at a time when they need all their bodily heat, by getting between cold sheets. Even in warm, summer weather, a cold, damp bed will get in its deadly work. It is a needless peril, and the neglect to provide dry rooms and beds has in it the elements of murder and suicide."

—*Druggists' Circular.*

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases.

Society Reports.

CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of May 13, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

E. S. STEVENS, M.D., Secretary.

DR. F. P. DORSCHUG presented a large specimen of

Hydatid Cyst of the Kidney.

The subject died from violence, and a coronial examination revealed this kidney. There was some cardiac trouble also. The subject was a colored man.

Anophthalmia.

DR. C. R. HOLMES reported a case of this defect. Two weeks ago a physician brought his babe for examination. Except for the absence of this eyeball the child is perfectly formed. It has the appearance of having been enucleated. All the other members of the family are perfect physically.

Purpuric Eruptions.

DR. C. E. CALDWELL presented a patient with a purpuric eruption covering the lower extremities. The eruption came suddenly a week ago. It was undoubtedly purpura hemorrhagica, for last winter he was called to see him with hemorrhage from the bowels. There have been associated with this attack pains in the limbs and a tired feeling. He gave salol and was surprised to see an apparently good effect. He had been taking Harlem oil, which contains tar and turpentine. He queried whether this had had any effect in producing the eruption. He has had a previous attack.

DR. STEVENS spoke of a similar case seen recently. The patient was a German woman. She had a purpuric eruption upon her hands, forearms, and legs, together with some pains in the neighboring joints. He regarded it as rheumatic, and administered salicylic acid

and acetate of potash. This was followed by immediate improvement as to both symptoms.

Olive Oil and Gall-Stones.

DR. F. W. LANGDON said that he had just come from a patient and had some specimens which were said to be gall-stones. He had been called previously to see the case and had made a diagnosis of gall-stones. Several years ago, the patient suffering in the same way, had sent for Dr. Clendenin, and the speaker was sent to answer the call. There was some discussion at that time as to the diagnosis, but the stones were found in the stools. At the time of this recent attack he ordered calomel in one-eighth grain doses. Six to eight does were given and a number of motions were obtained. The patient was vomiting everything. He finally tried olive oil. It was the only thing that the stomach would retain. He gave a pint at one time. The first pint brought away the remains of an orange. Another pint was given. The stools were carefully searched and they described finding a "shell" which they threw away. This morning the speaker saw the stool washed. This evening the patient sent for him to say that the stones had been passed and saved. They floated on the top of the water. They are soft, and greenish in color. He had suggested an operation, but with improvement it was abandoned. The stones found in the stool at the time of the first attack were unlike these, and of the beech-nut shape.

DR. WM. CARSON said that it was a question still in dispute as to the formation of these bodies after the use of olive oil. Are they gall-stones, or are they formed by the oil? Some years ago a gentleman consulted him who had been suffering with hepatic colics. He gave a good many things, among which was finally olive oil. He went one morning and found a single characteristic gall-stone. He had relief, and since then has never had any trouble. He spent some time at Carlsbad. Oil is the popular thing to use just now. It has been suggested, too, to use glycerin.

DR. E. RICKETTS said the specimens

were of interest especially with reference to whether they were stones or not. He could not understand how olive oil would do any good. In one case it had been used without benefit, and he was called to operate. If these bodies are gall-stones it is no guarantee that no more will remain behind. He is an advocate of operative interference after waiting a reasonable length of time.

DR. OLIVER said that the fact that they floated suggests their composition. Gall-stones ordinarily are of a specific gravity greater than water. He had seen an article in which bodies like these were found to be fatty.

DR. LANGDON said that the most important point is as to whether they are gall-stones. There might be some doubt, because she has passed typical gall-stones before, and because of their green color and the peculiar shape of some of them. As to their oiliness, gall-stones are of an oily nature anyhow. Gall-stones differ in consistency. How may we suppose that the oil acts? The most rational explanation is that it is absorbed and passes through the liver. These bodies were passed forty-eight hours after the administration of the oil. The liver may secrete bile containing a large supply of oil. You then have a lubricant behind the stone.

DR. E. RICKETTS spoke of a lady who had an intermittent fever with symptoms of hepatic colic. A pint of oil was given, yet in opening the gall-bladder two ounces of pus escaped. The stones were not affected. The speaker gave his experience with another case of gall-stones as follows: In February he was called to see a lady fifty-three years of age. A diagnosis of cancer of the liver had been made. She was markedly jaundiced and the liver was quite hard. He advocated an exploratory incision. The gall-bladder was enlarged. From four to five ounces of bile were removed. One stone was found, which was removed. The duct was obliterated. She died in fifty hours from exhaustion. The stone was quite hard. It was in the upper portion of the common duct.

THE PRESIDENT asked what expe-

rience the members had had with distended gall-bladder where there were no troublesome symptoms. He had made a *post mortem* examination while Interné of the Cincinnati Hospital, and found about one hundred stones in the gall-bladder. In the history there was no mention of hepatic trouble. The patient had died of syphilitic disease of the larynx.

DR. WM. CARSON spoke of having seen two cases where there was no symptomatology, and the presence of the stones was only discovered at the *post-mortem* examination.

DR. LANGDON said that as to stones existing for a long time without producing appreciable symptoms, he had two cases now in mind. In one the duct was occluded by adhesive tissue with grittiness in it.

DR. OLIVER said that gall-stones are often found at the *post-mortem* and dissecting table. He remembered making an examination where a single stone was found of nearly the size of a hen's egg, and yet in life no trouble was experienced from its presence. It was the largest he ever saw.

DR. RICKETTS: The presence of single stones are less liable to give trouble than where there are a larger number.

Meeting of May 27, 1890.

The President, C. R. HOLMES, M.D., in the Chair.

E. S. STEVENS, M.D., Secretary.

Pelvic Cyst.

DR. C. A. L. REED presented a specimen and said that under some circumstances we are justified in making an exploratory excision. A young woman applied to him with a variety of symptoms. The subjective examination revealed the possibility of pregnancy, but upon making a careful examination the speaker believed that she was not pregnant, but that she had a pelvic tumor. She entered the Cincinnati Free Hospital for Women, where an incision was made, and a dense, slightly fluctuating mass was found. It had the sensation of a cyst, but he was uncertain about it. When it was lifted up into

view it did prove to be a cyst, not of the ovary, however, but at the fimbriated extremity of the tube.

Tubercle Bacilli in Milk.

DR. J. C. OLIVER presented specimens from a series of examinations he had made. In an examination of eighteen specimens of milk from sixteen cows the tubercle bacilli was found in five, and pus cells were found in about the same number. This tallies with the examinations of Earnst, of Boston. In one case, from a cow stabled for eight months, the milk seemed to be of good quality, but under high powers they found bunches of bacilli. One specimen was from what is known as a "private cow," and in it were found quite a number of bacilli.

DR. E. W. WALKER read a paper on

Gangrene (see page 183),

exhibiting a specimen of congenital gangrene of the lower extremity. He saw this case on the eighth day after birth of the child. He removed it on the tenth day. The parts were perfectly formed. The gangrene had occurred recently. The midwife said the presentation was normal, and the cord not unusually long. It is a question as to what caused the gangrene. It is not syphilitic. He had never seen a record of a similar case.

DISCUSSION.

DR. N. P. DANDRIDGE found himself in accord with the views of the writer. We wait too long for the "line of demarkation." It is wise to interfere at an early date. He had recently seen a case of gangrene in the perineum with Dr. Stanton. This sometimes occurs in the course of ischio-rectal abscess, but in this case there was no such history. He supposed it resulted from a thrombosis. An incision gave relief.

DR. BYRON STANTON was glad to see the surgeons take the ground of early amputation. In regard to the second case, it is well known that the infant is liable to diseases of various kinds before birth. It seemed to him that the explanation of the cord compressing the limb was not satisfactory, because it would also interfere with cir-

ulation in the cord. It would be more apt to be due to a constricting band in the amnion. There may have been some condition in the placenta that would have given rise to an embolism, or it might be due to a thrombus also, and that from pressure from the cord.

DR. FREEMAN spoke of senile gangrene being due to interference in the circulation, and in such a case many sorts of bacteria might develop. Some experiments have been made to show the relation of bacteria to gangrene, but it is open to the gravest question as to whether bacteria have anything to do with the production of gangrene, except indirectly.

DR. JOS. EICHBERG spoke of local asphyxia as a cause of gangrene, and cited the case of a child eighteen months old who had a chill one morning, and in the evening a patch of gangrene developed, and in twenty-four hours a similar one appeared in the corresponding part of the other side.

DR. F. W. LANGDON referred to an anomalous case which he saw about four years ago. A boy sixteen or seventeen years of age, a cooper, cut his foot anterior to the instep. Several days later the cut was blackened, and there were no granulations. He ordered the patient to bed, and to be well covered up, to be stimulated and well fed. The black skin extended to the ankle, and after a few weeks it peeled off. It might lead to the thought of this spread being caused by the development of bacteria in the skin.

DR. W. L. MUSSEY spoke of a case in the City Hospital, a girl sixteen years of age, who had typhoid fever. She was sick two weeks. One morning a black patch appeared in the right iliac region. This increased, her temperature increased, and she died. No *post-mortem* examination was allowed.

DR. CARSON said, that as the question was taking many phases, he would briefly refer to a case he had seen since a previous discussion. It was one of purpura of the hand and wrist with gangrene. He queried whether it was due to endarteritis, or to a micro-organism.

DR. OLIVER suggested that as to the

second case, was it not due to the position of the arm *in utero*,—being kept in extreme flexion against the body?

DR. WALKER said that the child is alive and perfectly healthy, as he had seen it to-day.

Appendicitis.

DR. N. P. DANDRIDGE said he had been called to attend a man twenty years of age, a patient of Dr. Tate. The case had been progressing for eight or nine days. When he saw it, he was impressed with the necessity for immediate operation. A large amount of pus was evacuated. As you penetrate the abdominal wall the presence of pus becomes less and less distinct, than when you palpate through the tense wall. He aspirated as he got to the peritoneum, and the first puncture was negative. A second brought a few drops of pus. He had formerly regarded this as a valuable measure. This case was evidently a recurrent one. He had had the same trouble before. This attack and the first attack followed a prolonged walk. The recurrence often comes in this way, at long intervals. The tendency of surgical opinion is that the removal of the appendix should not be made until the acute symptoms had entirely subsided. When nearly well, this boy had a swelling of one of his legs, like a thrombus of the femoral vein.

The second case he saw with Dr. B. P. Goode. This was a man thirty to thirty-five years of age. He had pain and fever, and signs of collapse came on quickly. He made the operation at once, and evacuated a considerable quantity of pus. He looked for the appendix, but could not find it. The patient died the next day, and at the *post-mortem* examination the appendix was found in a mass of lymph. There was a rupture of the cœcum, and an intestinal concretion.

DR. C. A. L. REED said that these cases recalled the one fatal case in a series of five operated upon by himself. The patient had taken several compound cathartic pills. Bad symptoms came up, and four pills were removed from the peritoneal cavity at the opera-

tion. The cavity was thoroughly irrigated, but the patient died.

DR. N. P. DANDRIDGE: As to the removal of the appendix during the interval of the attacks, it is advocated by Treves, and is commanding attention. In these cases it is not always an easy matter to find it. In the acute cases, if you can find the appendix, it is wise to remove it.

Selections.

SOME PRACTICAL POINTS IN THE DIAGNOSIS AND PREVENTION OF TUBERCULOSIS.

The study of this decade, I had almost said of this century, has been the study of tuberculosis. We come now to a point where, after years of work and expectation, we can stop and ask of each other, what have we learned that is new? In what respect have we better knowledge of tuberculosis than our teachers of a score or it may be two score of years ago.

1. First of all, we have now in our possession the key to the situation so far as a positive diagnosis is concerned, and without the ability to demonstrate the pathological condition, what hope for rational therapeutics? It matters little whether it is the bacilli which do the harm or the ptomaines which the bacilli secrete; indeed, so far as a diagnosis is concerned, it matters not whether the bacilli cause the disease or are the peculiar and characteristic development of the disease; we still have the right to say that where the bacillus is found we know we have tubercle.

I am not yet willing to admit that the bacillus is the only factor in the production of tubercle. There certainly must be conditions favorable to its development and multiplication; probably there are inherited physical peculiarities which are open invitations to the microbe to enter and take possession. In truth, I can hardly conceive that a man who is physically sound should be unable to resist the approach of the bacillus, but I think I can understand how the bacillus can find its way

through a mucous membrane denuded of its epithelium, find conditions in the tissues beneath favorable for its growth and increase, and so multiply that either the bacilli or the products and changes wrought by them will produce tuberculosis.

It is needless to detain you at this late day in attempting to add to the proof already given that "the bacillus tuberculosis is the one fixed fact in the pathology of the disease," and I am perfectly willing to accept the views of Drs. Schaufler and Bremer as to the causative agency of the bacillus added to an inherited or acquired predisposition already alluded to.

2. To give some idea of the vast number of bacilli that infest a tubercular subject, Heller estimates from microscopical investigation, that 1,000,000 may be found in a cubic centimeter of the sputum, and three times that number in a single expectoration of average amount. Being found in such numbers, being the *sine qua non* of tuberculosis, it is important that the practitioner should be readily able to make such examination as will determine the presence or absence of the bacillus in suspected cases. There is not much difficulty in making such examination, thanks to the good workers who have made the way easy. Some of the sputa is carefully dried on a cover-glass and floated on a staining solution slightly warmed. It is then immersed in diluted nitric acid — say one to five — until partly decolorized, when it is dipped into pure water, or alcohol, to stop the decolorizing process. Then it is to be dried and examined with a lens equal to 500 diameters, although one of less power will do. The staining fluid which I have found most practical and one in general use, is composed of fuchsine one part, absolute alcohol ten parts, and one hundred parts of a 5 per cent. solution of carbolic acid. In some cases I find that more fuchsine may be used with advantage. The three steps in the preparation of the dried specimen, are the staining, the decolorizing of all but the bacilli by the acid, and the limitation of the decolorizing process by the water or alcohol. A little expe-

rience will make the details of the work plain enough for ordinary purposes.

Granting, then, that the bacilli are potent for evil, that they exist in such numbers, and that we can find them in the sputa of a patient in whom the physical signs of tuberculosis are present, the practical questions are, how did the patient become infected and what can be done for him, and what to protect others.

3. I will occupy your time a little longer with some thoughts upon tuberculosis as inherited or acquired and then a few suggestions as to the possibility of cure and the probability of prevention.

Can tuberculosis be inherited? While there is some doubt upon this subject, the almost unanimous decision of authorities is, that the bacilli are not, as a rule, transmitted from the parent to the fetus. This is possible, and Charrin and Merkel each report a case where a tuberculous mother was delivered of a child with true tubercle, and at a recent meeting of the New York Academy of Medicine Prof. A. Jacobi reported a case of a seven months' fetus born dead in which tubercles were found. The evidence of the few cases so recorded is defective in that there is no proof of the existence of the bacilli, and further demonstration is needed. Malvoz proves that the micro-organisms may only pass the placenta when this structure is diseased, and this may account for the few cases of tubercle in the fetus. We may conclude, I think, with Whittaker, "that while direct transmission is possible, it must be very exceptional, and must be confined to cases of the testicle, ovaries, placenta, or to infection of the blood." This latter condition, although found by Weichselbaum, is exceedingly rare.

Whatever our doubt as to the direct inheritance of tubercles, I think we will all agree that a condition favorable to its development is the unfortunate birth-right of very many. A poor assimilation, a general catarrhal diathesis which is sometimes found from early infancy, and, according to Ziemssen, the varied disturbances of gastric digestion, neutral or alkaline reaction of the gastric juice,

and processes of fermentation and decomposition in the stomach, open wide the door for the unobstructed passage of the bacteria.

4. Coming back to the bacteriological question, we can go a step farther and say that not only is the bacillus the final evidence of tuberculosis, but that no matter how favorable the condition of the individual be for the development of tubercles, there must be the reception and invasion of the bacillus before the tubercular process is complete.

If this be granted, then the thought that the main factor in tuberculosis is acquired or transmitted, leads us into a light full of promise for the future. It is probable that a tubercular condition may remain long latent. An enlarged gland from an otherwise healthy child has been found to contain the tubercle bacillus, and although the majority of cases of tuberculosis in youth are probably preceded by latent tuberculosis of the glands, yet, as Ziemssen says, "this does not prove that infection occurred at conception or during fetal life."

We may not be willing to say that in all cases of tubercle the disease is acquired, and I would not urge this point, for the possibility and probability of inheritance has for so many years been so fixed in the professional mind that more proof than we have is needed to clearly demonstrate that this conclusion is erroneous. But in a large number of cases—in the vast majority, I believe—the disease, or rather its potential factor, is acquired.

5. To us, then, whose province it is to meet disease in the most rational manner known to us, comes another question. What is the process of this invasion? Where are the weak points in the citadel of life, and how does the enemy enter?

It is generally conceded that tubercular infection in the most of cases occurs in one of two ways, either through the digestive tract from food containing the elements of disease, or through the respiratory tract by the reception of germs conveyed through the inspired air.

To how great an extent the former is responsible for the development of

disease is a question that is hard to determine. In children it seems more than probable, and I will not weary you with the proof, that the bacillus contained in tuberculous food—milk or meat, as the case may be—taken into the stomach, is not destroyed because of the abnormal condition of the gastric juice. The gastric juice of the healthy stomach destroys the bacillus or renders it inert, but in a favorable condition, as before referred to, the bacillus may pass into and proliferate in the intestinal and mesenteric glands.

The more frequent inroad is through the respiratory tract. Why do we not then have frequent instances of primary tuberculosis of the pharynx and of the larynx, especially where, in this climate, there is so generally an impaired condition of the mucous membrane, and often, in places, destruction of the protective epithelium? Is it not because the free secretion which is so noticeable in this condition, and the more or less constant movement of the upper air-passages, prevent the locating and colonization of the bacilli in these localities?

Many theories have been offered to explain why the lung apex is the favorite site for incipient tuberculosis. It has been thought that the imperfect expansion of the apex in ordinary respiration and consequent interference with free blood supply has much to do with it. Hanan has asserted that it is on account of impeded expiratory function that the apex is, as a rule, first invaded. He shows that while the apex may be fully expanded, the expiratory effort is impeded, and therefore the probability of the expulsion of micro-organisms from the apex is comparatively less than from some other parts of the lung. To this we may add the deduction of Mendlesohn that even in coughing the apex is not cleared, but will be placed under high pressure, "but the expectoration of foreign bodies and bacteria from the apices will be impeded by the recurrent stream of air, and the entrance of bronchial contents into the alveoli will be facilitated."

It would be interesting to further follow the bacillus, and note its entrance through the epithelial cells to

the deeper layers, and even to the lymphatics and vessel walls. It would also be interesting if we could, with Naegeli and Metschnikoff, watch the struggle between the organic cells and the bacteria, and how the micro-organisms may be received and encapsulated by a healthy cell, but rapidly destroy the feeble cells, especially when the bacteria are in large numbers. These fortunate points of observation are occupied by a few men, and we cannot all see and critically analyze these struggles in which millions of participants fight for the prize of a human life.

6. Let us again turn to the practical side of the question, and utilize the deductions which have been cited. We have advanced one step more, and have found how the micro-organism, which is the main factor in tuberculosis, being acquired, reaches its favorite location and begins its work. How may we check its progress in the individual, and how can we prevent its transmission to others?

To the first question, we listen in vain for a positive answer. All attempts to destroy the bacillus by germicidal agents have failed, and while here and there an enthusiast is building his hopes on some special form of medication, the great mass of the profession recognize the fact that, so far, there is no specific remedy for, or method of dealing with, true tuberculosis. Still, we may expect this; and surely the advance, which has been a positive one, made step by step upon a sound pathology, this great advance will not be hindered till we are enabled to add to the positive etiology, pathology and diagnosis, a rational and successful treatment, and a favorable prognosis.

Thus far our best results have followed the pursuance of the well-worn paths of hygiene, nutrition and expectant medication. I believe in increasing the vitality, in aiding the power of resistance by proper assimilation of proper food, and so encouraging the vigorous activity of the amoeboid cells. I am willing to go farther than this, and, when possible, remove by operative interference the products of disease.

A case in point, which, on account

of the recent date of the operation, I will not report in full, but simply use as an illustration: A young married woman soon after child-birth had influenza followed by pneumonia at the left base, and finally by a large abscess. The temperature was high, pulse rapid, hectic well marked, and pus expectoration copious and containing bacilli. A rib was resected, the lung tissue penetrated, and a large quantity of pus withdrawn. The patient's temperature inside of twelve hours was normal, and on yesterday, the third day since the operation, there was every evidence of at least great temporary improvement.

7. Last, but of first importance, is the question, how can we prevent the transmission of tuberculosis to others? So far as we know, there are two ways by which tuberculosis may be transmitted: First, by infected food; and second, by inhalation of tuberculous matter.

Much has been written upon these two subjects, and the practical suggestions to meet these dangers are familiar to all of us. It is probable that more care and oversight than is now possible will be needed to always secure meat and milk entirely free from tubercular products. Many, following Mocard, assert that the danger from this source has been magnified, and that the bacillus cannot withstand the processes of digestion. This is probably true so long as these processes are normal, but, as has been suggested above, if the digestive function is impaired, if there be abnormal composition and neutral and alkaline reaction of the gastric juice, and a diseased condition of the mucous membrane of the alimentary tract, there certainly is danger of infection. Therefore, I hold that the greatest care in this respect is none too great, especially with children. That only milk from a healthy source be used, whether it be from the mother or the cow, and that meat should be inspected in accord with principles already laid down. Just here let me add that there is a source of infection which has been largely overlooked, and that is through poultry. It is natural that we should view with suspicion any evidence in

beef or swine, but certainly there must be as much danger from eating the flesh of fowls which have not neglected to feed on sputa from the victims of tuberculosis. The cases presented by Cagny at last year's congress for the study of tuberculosis, are very instructive on this point.

The greatest danger of infection, however, surely is in the possibility of receiving the tubercular elements of dried sputa into the air-passages, and this, fortunately, is a danger which can be almost entirely avoided. If we but recognize that in each expectorated mass there is the possibility of transmission, we need have little difficulty in accomplishing prevention from this source. What wonder is it that tubercle is every day acquired on our Western prairies, once the asylum for the tuberculous of Eastern cities? Why is it that many of the health resorts of the far West are now no longer safe, so far as the danger of the transmission of tuberculosis is concerned, and that in some places there is an outcry against the coming of visitors with tuberculosis? Is it not because the danger of transmission is being gradually recognized and is exciting alarm?

It would be interesting did time permit to report instances which demonstrate the danger of a disregard of the laws of transmission. Many observers have proved that air expired from the lungs or evaporations from the surface of a patient with tuberculosis never contain bacilli. Desiccation is necessary to effect dissemination. Grant this point—and it is too well established to be doubted—and the great boon of prophylaxis is within sight.

The details of precaution will suggest themselves to every thoughtful physician. The general principle involved is to keep the expectorated material moist until such time as the bacilli can be destroyed. In the room of every tuberculous patient, and at every turn of our health resorts, cuspidores should be placed, containing strong germicidal solutions. The bacillus is hard to kill; 1 in 1,500 solution of the bichloride of mercury will not always do it. I often order a strong

solution of the ordinary concentrated lye for such purposes.

One other thought. It is possible that bacilli from the upper air-passages may be carried into the stomach of the patient, where owing to imperfect digestion they are not destroyed and so pass out with the feces and thus be disseminated through the air. The same caution should therefore be exercised to destroy the germ in the fecal matter as in the sputa.

In conclusion and briefly: The bacillus is the evidence of tubercle, and is one of its chief causes.

It is difficult with our present knowledge of therapeutics to destroy the germs of disease in the infected patient.

The chief danger of transmission of tubercle is the dissemination of the bacilli mainly through infected food and the inhalation of dried particles of the products of disease.

These dangers can in a measure be overcome by proper precaution.—WM. PORTER, M.D., *St. Louis Clinique*.

PROPHYLAXIS OF CONSUMPTION.

1. The bacillus tuberculosis is the sole active or exciting cause of the disease, which is infectious or contagious and non-hereditary.

2. Whilst on the one hand the discovery of the bacillus has advanced our methods of treatment but little, on the other hand it has revealed most important principles upon which to base efficient means of preventing the spread of the disease.

3. In view of the admitted inefficiency of all present modes of treatment of actual cases of tuberculosis, effective prophylactic measures are infinitely more important to the general public, and should also be to the physician, than the most skillful therapeutic measures.

4. Since analysis of the fullest records bearing upon the relation of family history to the causation of tuberculosis can possibly account, through hereditary predisposition, for little more than one-fourth of the cases, the most perfect measures conceivable for the

lessening of that influence cannot be rationally compared in importance to those which are essentially based upon the destruction of an infective poison, which is virulent enough to produce the disease, not alone in the comparatively few who may be born with hereditary predisposition, but also to cause tuberculosis in the majority who succumb, notwithstanding the absence of an hereditary weakness.

The following general principles underlie an efficient system of prevention of tuberculosis:

1. From the standpoint of the already diseased, effective and preventive measures should look to the rapid destruction of the tubercle bacilli in the excretions and secretions, and by as little association of the well with the sick as possible.

2. From the standpoint of those liable to become infected, nothing which may contain the living tubercle bacillus should be permitted to enter the digestive apparatus. Rigid inspection of meat and milk is a necessity.

3. Tuberculous subjects should not be admitted to hospital wards in which those with other diseases, especially of the lungs, are confined. In general hospitals, consumptives should be assigned to special consumptive wards.

4. Special hospitals for the treatment of consumption should be established.—E. O. SHAKESPEARE, *Pittsburgh Med. Review*.

ALGOSIS FAUCIUM LEPTOTHRIXIA.

In the *Deutsche Medizinal-Zeitung* for March 3d Doctor C. Mittenheimer deals discursively with the subject of this affection. He states that the disease had only come under his notice three times, there being an interval of fourteen years between his observation of the first two cases and the last case. His first case was that of a young woman, twenty-six years of age, who consulted him on account of some white patches which had appeared on the tonsils. She had a quiet pulse, no elevation of temperature, slight dysphagia, pain in the pharynx and larynx, and

some cough. The tonsils were somewhat swollen, the inflammatory process in them extending over the soft palate and pharynx. Over this inflamed area were pretty generally disseminated quite a number of white patches. Pending a diagnosis, the author treated the case as one of diphtheria, giving an active purge, and using a five-per-cent. solution of carbolic acid as a gargle, with sulphur insufflations. The effect of this treatment was a lessening of the inflammatory condition, but without alteration in the patches. Portions of this false membrane were scraped away and examined microscopically, demonstrating the filaments of the *Leptothrix buccalis* and swarms of vibriones. Persistence in the treatment resulted in failure to effect any separation of the membrane, and the author was led, by the extreme tolerance which the parts had shown to handling and scraping, to resort to the application of nitrate of silver. The result was prompt amelioration of all the symptoms and a gradual diminution in the number of characteristic spores, with entire disappearance of the white patches on the seventh day. The tonsils continued tender and uneven until about the fourteenth day. Six weeks afterward the patient suffered a relapse of the trouble, with a recurrence of the entire train of symptoms, which, however, yielded promptly to a repetition of the nitrate-of-silver applications. The author did not see another case of this disease for fourteen years. Here the microscope revealed the *Leptothrix buccalis*, and treatment with nitrate of silver cured the patient in five days. The author suggests that suspicious cases, in which there is present any pseudo-membrane, diphtheritic or not, might, with advantage, be promptly subjected to local cauterization with nitrate of silver, either solid or in solution.—*N. Y. Med. Journal*.

DR. VON HARLINGEN treated a clinic patient with acne as follows: Apply *sapo viridis* and rub in with the fingers, then thoroughly wash away all the soap and apply starch. If the *sapo viridis* be left in for a long time, it will cause inflammation of the part.

SOME POINTS IN THE DIETETIC MANAGEMENT OF SUMMER COMPLAINT.

The student of medicine who seeks to learn very much of value from our text-books of to-day on the dietetic management of summer complaint will certainly be disappointed, and he who is credulous enough to apply many of the dietetic suggestions found there will certainly come to grief in the treatment of many cases, where a correct conception of the etiology of this disease and a knowledge of the physiological properties of the various food-stuffs would have enabled him to have conducted the disease to a favorable termination.

We cannot in summer complaint, as we can in Bright's disease, diabetes, and typhoid fever, prescribe a dietary which can safely serve as a rule of practice to physicians who follow the advice of others and never ask why. This is because summer complaint is a general term embracing quite a number of diseases of which our present knowledge does not permit of scientific etiological classification. The various forms of summer complaint vary so widely in their pathology, and consequently their dietetic management, that we may almost say that every case is a law only unto itself; and is to be fed upon physiological principles according to our conception of the pathological process underlying the disease. In order that we may do this intelligently, it is necessary that we should in the first place have a clear conception of the etiology of these diseases, and this, I think, is embraced in the following proposition. The chief, if not the only, direct causes of summer complaint are abnormal intestinal fermentations, and these fermentations are chiefly of two kinds, acid and putrid, the former occurring in carbohydrates, the latter in albuminoids.

This proposition certainly very much simplifies the theoretical dietetic management of summer complaint. It is plain from this that in any case we should endeavor to determine whether an acid or a putrid fermentation is causing the disease; and having settled this point, we should give a food which

cannot undergo the same change. In acid fermentation an albumen is indicated; in putrid fermentation, a carbohydrate.

Escherich depends on the acidity or alkalinity of the stools to guide him in determining the nature of the intestinal fermentation, while Christopher relies on the odor of the stool in making the diagnosis. The sour stool means an intestinal fermentation of carbohydrates, and indicates an albuminous diet. The putrid stool means an albuminous fermentation, and indicates carbohydrates.

It must be admitted that this rule of practice, which is theoretically so charming in its simplicity, is, to a certain extent, disappointing in the everyday practice of medicine.

But the fact that we are not able to successfully feed all cases of summer complaint according to this simple rule of practice, does not prove that the proposition upon which it is founded does not embrace the true etiology of these diseases, but rather that the sour and putrid stools do not always furnish reliable evidence as to the nature of the fermentation causing the trouble. One cause of failure in the application of this rule is that the food-stuffs in the intestinal canal are frequently supporting both forms of fermentation at the same time. In one part we may have an acid, in another a putrid fermentation. Another cause of failure—and one that is especially active in chronic cases—is that the intestinal mucus may keep alive the abnormal albuminous fermentation, although the child be fed exclusively on carbohydrates. In cases of this kind the stools may, as they sometimes do in acute cases, vary in character, one being putrid, another acid. But, notwithstanding these possible elements of error, it must certainly be admitted that *continued* acid or putrid stools are, to say the least, valuable evidence as to the character of the fermentation causing the disease, and that they are valuable in indicating the proper food just to the extent that they are valuable in diagnosis. But we need not depend exclusively on the odor or reaction of the stools in selecting a diet, for fortunately we have in other symptoms quite as im-

portant testimony to the character of the fermentation as we have in the stools. In this connection I wish to refer to a classification of summer complaint which I made in March, 1888,⁽¹⁾ and which I discussed quite fully in the *Medical News*, September 1, 1888.

In this classification I named three forms of summer complaint, only two of which are important from a dietetic standpoint. These two great clinical classes embrace all the serious forms of this disease, and the characteristic symptoms which distinguish these classes are very important in indicating the proper diet.

The first and by far the most important class, embracing as it does all the rapidly fatal cases, is caused by the formation in the intestinal canal of physiological poisons (ptomaines) from the fermentation of albuminous material. This class is characterized clinically by the presence of marked constitutional symptoms, such as fever, stupor, nervousness, and convulsions, and frequently the stools contain mucus and blood. Constant nausea, which is not relieved by vomiting, is also a common symptom. They vary in severity, according to the poisonous properties of the ptomaine produced and the amount of it absorbed, from a slight fever, which is relieved by expelling the offending mass, to the rapidly fatal cases of so-called cholera infantum.

Here we have indicated a simple and valuable rule of action in selecting a diet.

Since constitutional symptoms are produced by physiological poisons (ptomaines), which can be formed only by the fermentation of albuminous material, it follows that we should *avoid albuminous food when there are marked constitutional symptoms present*. And since the most dangerous forms of summer complaint are due to albuminous fermentations, it follows that we should *avoid albuminous food when in doubt as to the character of the fermentation causing the disease*. The value of these rules of action depends on the fact that, if we give any other than albuminous

food where it is not indicated, we may aggravate the disease, but do not cause serious symptoms. But, on the other hand, if we give an albumen where it is not indicated, we may produce dangerous or even fatal symptoms.

It is quite evident that a theoretical cause of error in the application of the above rules may be pointed out by those who believe that fever and other constitutional symptoms are not always evidence of the action of physiological poisons, but may sometimes be due to reflex causes. Even if this objection is a valid one, it is purely theoretical, and does not at all interfere with the practical application of the above rules, since reflex irritation from mechanical causes in the intestinal canal would not be increased by avoiding albuminous food.

In this connection let me emphasize a fact which will be made more evident farther on. When albuminous food is contraindicated it does not always follow that a carbohydrate should be given, and it should also be remembered that while one form of albuminous food, such as caseine, may cause serious symptoms, another form, such as white of egg or meat juice, may thoroughly agree. This is especially true in chronic cases.

The second great class of summer complaint is important rather in the number than in the severity of the cases which it embraces, and is caused by the presence in the intestinal canal of local chemical or mechanical irritants. These irritants are produced, as a rule, by the fermentation of carbohydrates. The chief clinical characteristics of this class are flatus, pain, urticaria, and⁽¹⁾ the absence of marked constitutional symptoms. Here we have indicated another simple rule of action to aid us in selecting a diet—viz.: *avoid carbohydrates when there are no marked constitutional symptoms and the disease is characterized by flatus, pain, or urticaria*. Here again let me emphasize the fact, that, when carbohydrates are to be avoided, it does not necessarily follow that albumens are indicated. This is plainly evident if we but remember that every al-

¹ See *Medical News*, March 10, 1888.

¹ See Dr. Christopher's paper, *New York Medical Journal*, November 9, 1889.

buminous fermentation does not produce poisonous ptomaines, and that cases having no constitutional symptoms and closely resembling the above class may therefore result from an albuminous fermentation; but it must also be remembered, lest we be timid in the application of the above rule, that in these cases an albumen, even if not indicated, can do no serious harm; at most, it can only temporarily aggravate the symptoms, since the character of the fermentation is not such that poisonous ptomaines will be formed even though it be fed by albumens.

It may be well to state here that in the class of cases not having marked constitutional symptoms, it is not always necessary to prescribe a special diet, since they are frequently cured by intestinal antiseptics, opium, and other medication, even though a diet of breast and sterilized milk be continued. In such cases it is important, if not necessary, that the milk be given greatly diluted and in small quantities, so that only the smallest possible amount of its albumen and sugar shall reach the seat of the disease in the intestinal canal; but if they do not speedily yield to such treatment, we should stop the milk and be guided by the above rules of practice in selecting a diet.

It is quite evident that a knowledge of the physiological properties of various food-stuffs is necessary to the successful management of summer complaint. We have foods which practically are pure albumens and others which are pure carbohydrates, and the indications and contraindications for these foods have been clearly pointed out in the above rules. But we have another class of foods which are of inestimable value in the early treatment of the most severe forms of summer complaint. These foods, such as the meat broths and whisky, contain so little albumen or carbohydrates that they are not contraindicated in either form of the disease. We are safe, therefore, in beginning the treatment of every case with these foods, which may be continued from twelve to twenty-four hours, or till the digestive organs have recovered sufficiently to digest the character of food indicated.

From what has been said we may formulate the following rules, which, I think, will aid us very much in selecting a diet in summer complaint, when it becomes advisable, as it usually does, to temporarily discontinue milk.

1. Avoid albuminous food (*a*) when marked constitutional symptoms are present; (*b*) when in doubt as to the character of the fermentation causing the disease; (*c*) when the stools are putrid; (*d*) when the stools contain mucus and blood; (*e*) when the nausea is constant and not relieved by vomiting.

2. Avoid carbohydrates as a food (*a*) when there are no marked constitutional symptoms present and the stools are continuously acid; (*b*) when there is much flatus, pain, or urticaria.

3. When the albumens are to be avoided the carbohydrates are, as a rule, indicated; and when the carbohydrates are to be avoided, the albumens are, as a rule, indicated.

5. Give foods such as cream, beef broths, and whisky (*a*) when the foods prescribed according to the above rules disagree; (*b*) during the first twenty-four hours in severe acute cases; (*c*) when in doubt as to the character of the food indicated.

It is not claimed that the above rules of action are infallible, or that one can blindly follow them and obtain uniformly good results; but it is claimed that these rules are founded on sound principles, and that, in the present state of our knowledge, they furnish our most rational and reliable guides in the selection of a diet in summer complaint.

Before going further, let me state with emphasis that the foods which are of value in the dietetic management of healthy infants are of very little value in the dietetic management of summer complaint, and *vice versa*. In fact, milk, which should be the exclusive food of a healthy infant, is contraindicated in almost all forms of serious summer complaint, and is absolutely dangerous in some forms. It is, therefore, one of the first principles of treatment to stop all milk food for a period varying from twenty-four hours to a week, or longer, as the symptoms may direct. After this period, in the milder cases,

the milk may be resumed, but the milk must be given greatly diluted and in small quantities, so that its albumen and sugar may be digested and absorbed before reaching the seat of the disease in the small intestine; for it seems quite self-evident, if the disease be caused by an abnormal fermentation, that milk in any quantity reaching the fermenting mass would certainly feed the fermentation, and therefore aggravate the symptoms. In September, 1888, I called attention to the fact that⁽¹⁾ sterilized milk, whether it came from the mother's breast or the steam sterilizer, would only increase, and could in no way control, any abnormal intestinal fermentation. The second preliminary to the successful management of these cases is a cathartic, and preferably one which is also an antiseptic, such as calomel.

Having given a cathartic, and stopped milk and all other foods, except such as we may direct, we are now ready to prescribe a proper diet, and upon our ability to do this will depend our success in the management of these cases.

In conclusion, therefore, let us note the foods that are of greatest value in the treatment of summer complaint and the indications for their use:

Whisky, one of the most useful, never contraindicated, especially useful in acute cases during the first twenty-four hours of treatment, but may be given at any time in either acute or chronic cases.

Meat broths contain so little albumen and carbohydrates that they are never theoretically contraindicated. They may be given at any time in either acute or chronic cases, but they are especially indicated in acute cases after the first twelve or twenty-four hours of treatment.

Cream contains so little albumen that theoretically it is never contraindicated. It can do no harm in any form of the disease, but it will be found to serve the best purpose in chronic cases, and after the third or fourth day in acute cases.

Barley water and oatmeal water may be mixed with milk to advantage, as they mechanically facilitate the digestion of caseine. In this combination they may be useful in chronic cases and in convalescent acute cases.

White of egg is contraindicated in all cases of summer complaint when there are marked constitutional symptoms present, or when the diarrhœa is putrid or mucous, but it may be used in that form of the disease dependent on an abnormal acid fermentation, and the indications of this condition are sour stools with pain, flatus, or urticaria, and the absence of constitutional symptoms. It may also be used as a permanent article of diet in infants incapable of digesting the caseine of milk.

Meat juice is one of the most valuable and easiest digested of the albuminous foods. It is indicated when the symptoms indicate that the disease is caused by an acid fermentation, and in chronic cases when other albuminous foods disagree. It may also be used as a permanent article of diet in infants incapable of digesting the caseine of milk.

Sterilized milk, in small quantities and greatly diluted, may be used as an article of diet in many of the milder forms of summer complaint. The reason why milk frequently does not aggravate the disease, when given in this way, is because the caseine and sugar of milk are taken in such small quantities that they are thoroughly disposed of before reaching the seat of the disease in the intestinal canal, while many cases do well when fed in this manner. I think we run an unnecessary risk in attempting to feed upon milk during the most acute stage of the disease, when we have other palatable and less dangerous foods. But after the constitutional symptoms have subsided, and the most acute stage has past, the milk is indicated, and may be given as directed above.

Mother's milk has the same indications as sterilized milk.

Peptonized milk is occasionally useful in chronic cases incapable of digesting unchanged caseine.

In the above summary I have attempted to give what I think are the

¹ See *Medical News*, September 1, 1888.

proper indications for the most important foods used in summer complaint; while any of these foods may be absolutely refused by the child, and while any of them, although theoretically indicated, may for some inexplicable reason disagree, yet I think the list given above is sufficiently large to furnish not only a proper but a palatable diet for every infant sick of this disease. —B. K. RACHFORD, M.D., in *Archives of Pediatrics*.

SUMMER DISTURBANCES OF CHILDREN.

I. N. Love, M. D., in the *Medical Mirror* for July, 1890, says: * * * We must bear in mind in connection with the feeding of infants, the same as when we are engaged in the treatment of disease, that every individual is a law unto himself. It is with food as it is with medicine, one man's meat is another's poison. That which is food to one baby is poison to another. There are certain principles which it is well to bear in mind with regard to feeding infants. We must individualize every case we treat. We should have no preconceived ideas, we should have no prejudices, but be ever ready to do that which is best for the patient in bringing to bear upon the individual all in the way of medicine or food which a broad-gauge observation would justify. There are times when it is desirable to change the food of the babies the same as we need to change the bill of fare upon our own table. We must not forget that the palates of the little ones are to be consulted. That "variety which is the spice of diet" may be applied in a mild way even to the babies. The food that agrees with the baby to-day, or this week or this month, may need changing next month. I present the following conclusions:

1. During the heated term keep the baby cool, but not too cool, just cool enough, and uniformity should be the ruling thought. Babies do not enjoy extremes of anything.

2. The proper regulation of the diet, the proper degree of sleep, the proper uniform temperature, pure air and the

proper relief of thirst will enable every infant to weather the tide of the hot, sultry days of mid-summer.

3. The severe intestinal diseases and the one which is the very acme of infantile danger—cholera infantum—may be passed serenely by if we impress upon the mothers the fact that the very first variation from the proper digestion should be corrected by the family physician, and not by the "busy body" neighbors.

4. The mother should be impressed with the fact that the opinion of the physician is of as much importance in the matter of food as though medicine were to be administered, in fact it is of paramount importance, in that food is life to the child.

5. Experimentation at all times is risky, and particularly so when dealing with infants, and doubly so when the experiments are not conducted by an expert experimentalist.

6. In the correction of disturbed digestion we should aid nature in getting rid of undigested and indigestible materials.

7. We should bear in mind the anti-septic thought.

8. We should see to it that less diet and a more digestible diet be brought into requisition.

9. During the entire period of infantile life we should protect the abdominal region against possible chilling by the wearing of a light woolen belly-bandage.

10. Relieve the thirst by good, pure water instead of the breast or the nursing bottle.

11. Proper rest and tranquillization of the little one is desired; above all things let it be kept if possible away from the heated body of the nurse or mother, who, in addition to elevating the temperature of the child by contact with her own personality, will more than likely after each filling up with milk proceed in an affectionate way to trot it up and down, from side to side and in a generally gymnastic way exercise her motherly muscles in giving the little one the soothing effect of thorough agitation, resulting in that which we find at every street corner,

the "milk shake;" more than likely the baby will reject the particular milk shake made in that particular way, but the result is not always so fortunate. It is far better for the little one to be placed upon a recliner, the bulk of the time, in a manner favorable to sleep and digestion.

12. Religious regard for cleanliness of all feed utensils, refrigerators and nursing bottles should be insisted upon. Not less than three or four of the simplest form of bottles should be always on hand. The nursing nipples should be plain black rubber. The handy but filthy tubular affair should be condemned *in toto*.

SYMPTOMS AND TREATMENT OF HEPATIC ABSCESS.

M. Hache, at the Academie de Medicine, of France, related the history of four cases of abscess of the liver, of which two were cured and two died, and made the following observations:

Pain in the hepatic region, fixed, limited, and exasperated by pressure, whether irradiating to the shoulder or not, may be considered as one of the best symptoms of the existence of an abscess. The pain may be very violent without being accompanied by any complication in the peritoneum or the pleura. However, too much importance cannot be given to it as an indication of the exact locality of the purulent seat, as the abscess may be at a certain distance.

Widening of the intercostal spaces is a consequence met with in all enlargements of the liver, but where one of two are abnormally enlarged, the surgeon would be right in supposing that under that spot the liver was more particularly enlarged. Fluctuation cannot be obtained unless the abscess is superficial. Exploration of the organ, even with a large trocar is inoffensive, but M. Hache preferred the needle, as it allowed to seek for the abscess if not found at the point supposed. As to the subsequent operation, the advantages of incising simultaneously the liver and the abdominal wall as recommended by Little were in his mind very doubtful. The after treatment is simple. All washings or

injections should be proscribed if the abscess flows freely and without odor. Iodoform powder poured into the drainage tubes is sufficient. The prognosis must be based on the general condition of the patient, and especially of the digestive tract, for anorexia and diarrhœa are the two great enemies to be dreaded.—*Med. Press and Circular*.

ACUTE CONTAGIOUS PEMPHIGUS.

The whole subject of pemphigus is undergoing a most thorough overhauling, and many diseases that were before regarded as pemphigus have been thrown out. In this way the bullous form of erythema, hydroa, various forms of bullous medicinal eruptions, and the bullous variety of impetigo contagiosa have been forced to stand on their own feet, as it were. While it is not denied that there is such a disease as pemphigus, it is affirmed that it is a rare one, and that it runs a chronic, slowly fatal course. Every once in a while we read in the German journals of cases of so-called contagious pemphigus. A recent outbreak of this disease is reported by Dr. Faber, of Copenhagen. He describes it as being contagious and consisting in an eruption of bullæ chiefly upon the chin, neck, head, legs, arms, and hands. These run an acute course, attended with slight constitutional symptoms, and yield readily to soap frictions and a little tar ointment. Of course this is an accurate description of impetigo contagiosa, and the disease not nothing in common with pemphigus, excepting the bullæ. Faber acknowledges that his cases are identical with our impetigo, but calmy insists that we are wrong in so regarding it. Nevertheless, we are safe in still believing that the Germans are wrong, and we are right.—*N. Y. Med. Journal*.

WHEN a woman conceives and has twins, one being white and the other a negro, it is evident that the fact of superfetation has been proved in black and white.

THE CINCINNATI LANCET-CLINIC:

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Cincinnati, August 16, 1890.

The Week.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Twice a year the bugle is blown, until its well known notes of assembly are made to ring and echo in the ears of every doctor in this blessed land o' liberty of ours.

The first blast in the year announces the annual spring meeting of the great National American Medical Association, an organization that assembles its delegates from every city, state and territory in the Union. The other, but little less in the size of its meeting, and not less important in its work, the Mississippi Valley Medical Association, assembles its hosts in the beautiful autumn. This organization has a very short, but rugged constitution, and few by-laws. These, in a very simple manner, tell of its name, time of meeting, and official government. There are no judicial or other prominent committees, but the constitution of the association broadly tells every honorable physician of his right to membership, with all the rights and privileges

accruing therefrom, on the enrolling of his name on the register and the payment of a very small fee.

This year the meeting will be held in Louisville, and Dr. Joseph Matthews, of that city, will be the presiding officer. This announcement of itself is sufficient to ensure a gathering of a good round number, but when we are able to say that Love, Mudd, Porter, Barnes, Bond, and others of St. Louis; Dixon and Letcher, of Henderson; Owen, Walker and Knapp, of Evansville; Cook, Brayton, Lewis, and others from Indianapolis; Bond, of Richmond; Coleman, of Lexington; Bishop, Lydston, Gray, Hollister, and a host of others from Chicago; Chapman and Devilbiss, from Toledo; and Beard, of Vincennes, will all be there—success may, with absolute certainty, be written all through the records of the meeting.

As to the Queen City contingent—it will be there. In a very quiet way, there are some intimations in the air, of the engagement of the entire Galt House for the special use of the Cincinnatians and their friends on this occasion. Ohio men are more or less famous for their modesty and diffidence in caring for themselves, but the historian of the period just writes it down that all the same they get there.

The doctor that misses these meetings must forever live in filicitous ignorance of the professional good things of such occasions. The papers and their discussion, the friendships formed and renewed, are subject to red letter marks in the doctor's diary. Notwithstanding their hue, they are really second to the marks made in memory of the *esprit de corps* that is there and then engendered.

These meetings are the great factors that break down all middle walls of partition. These are the occasions that cement us all together in a common

brotherhood, that must and will in the natural course of events, bring about the much desired unification of our whole profession, in one grand organization, with its several lusty and living branches, in which will be enrolled the name and address of every member of the medical profession in our country. In order that we may all hail that glad day, every physician should feel that it is his professional duty to attend at least once a year the annual meeting of his State Society, and, if possible, either the American Medical Association meeting, or that of the Mississippi Valley.

The social features of these meetings renew our youth. We become as boys on a vacation. The time is all too short, but it is enough to fill out the wrinkles and crows' feet. The irksome, treadmill work of the year is laid aside and for the time forgotten, the lungs are filled with a new atmosphere, and the heart beats thrill us with a new energy and enthusiasm in our calling. The opportunity never fails for many a hearty laugh, that every time takes a nail out of our coffins. While last, but not least, the pleasures of the host and guest, of entertaining and being entertained, of hospitality tendered and received, of the feasts of fat things, of the wines that need no bush, of the welcome and the parting, need no comment. We've been there, and know how it is ourselves, and the doctor that don't go, suffers for it, his patients are worse for it, and we everlastingly feel sorry for his family. While the doctor that goes is sure of a good time, his joys and rejoicing are only half what they would be if he takes his wife — that's settled and beyond refutation.

The Mississippi Valley Medical Association meets this year October 8, 9, and 10, at Louisville. Dr. Joseph Mat-

thews, the President, lives there, and so does Larabee, Reynolds, Cottell, Yandell, Baily, Bloom, Cheatham, Grant, Morton, Ouchterlony, Palmer, Vance, Wathen, and a host of the jolliest and best fellows that ever wielded a bistoury, scalpel or speculum. Four medical colleges are established there and kept constantly in motion in order to provide professorships enough to reach around.

We will just say in parentheses, that there is no sort of use of any outside doctor going to this meeting for the purpose of nosing around in Louisville in search of a vacant faculty chair in any of the aforesaid colleges. The vacancy don't exist, and we may say hardly ever did. Options and futures on Louisville Medical College Professorships are all taken long ago.

The Louisville hotels are commodious and sufficient in number and size to take care of and accommodate all who attend the Mississippi Valley Medical Association this year. At least one thousand of our subscribers ought to be there on this occasion. If they are not, we will be disappointed. Matthews, Larabee, Grant, and all the other professors in Louisville will be disappointed, but that will be as nothing at all in comparison with the abundance of good things that will be missed by those who don't go.

THE American Rhinological Association will hold its eighth annual session at Louisville, Ky., October 6, 7 and 8. All leading subjects relating to nasal and naso-pharyngeal diseases will be opened for discussion by a leading Fellow of the Association. The medical profession is cordially invited to attend. The Secretary, Dr. R. S. Knode, of Omaha, Neb., will furnish any information to physicians desiring to become members.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending August 9, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Group.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....												
2.....												
3.....												
4.....			2		1		1					
5.....												
6.....					2							
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8.....												
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22.....												
23.....			2				2					
24.....							2		1			
25.....							2					
26.....							4					
27.....							1		1			
28.....							1					
29.....							1					
30.....												
Public In-stitutions									5			
Totals			9		3	1	24	2	12		1	
Last week.	1		9		6		15	6	12		4	

The following is the mortality report for the week ending August 9, 1890.

Croup.....	1
Cholera Infantum.....	6
Diarrhoea.....	2
Diphtheria.....	2
Enterocolitis.....	7
Typhoid Fever.....	12
Whooping-Cough.....	1
Other Zymotic Diseases.....	6—37
Cancer.....	4
Consumption.....	13

Other Constitutional Diseases.....	3—20
Heat Prostration.....	4
Bright's Disease.....	1
Bronchitis.....	2
Heart Disease.....	4
Meningitis.....	4
Pneumonia.....	2
Peritonitis.....	1

Other Local Diseases.....	14—32
Deaths from Developmental Diseases.....	13
Deaths from Violence.....	9

Deaths from all causes.....	111
Annual rate per 1,000.....	17.76
Deaths under 2 years.....	32
Deaths under 5 years.....	36
Deaths for corresponding week of 1889....	118
Deaths for corresponding week of 1888....	144
Deaths for corresponding week of 1887....	151

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 102 cities and towns during the week ending August 9, 1890:

Diphtheria: Cincinnati, 24 cases, 2 deaths; Defiance, 9 cases, 2 deaths; Lima, 5 cases, 2 deaths; Columbus, 5 cases; Bridgeport, 4 cases; Continental, 3 cases; West Jefferson, Toledo and Cleveland, each 2 cases; Ashley, Perrysburg, Celina, Ottawa and Ironton, each 1 case.

Scarlet Fever: Cincinnati, 9 cases; Cleveland, 5 cases, 1 death; Columbus, 5 cases; Lorain, 4 cases; Youngstown, Shawnee, Toledo, Defiance, Cambridge, Chicago and Leesville X Roads, each 2 cases; New Straitsville, South Charleston, Carthage, Sandusky, Ironton, Ravenna and Alliance, each 1 case; Olmsted Township (Cuyahoga Co.), 1 case.

Typhoid Fever: Cleveland, 13 cases, 2 deaths; Cincinnati, 12 deaths (cases not reported); Bridgeport, 11 cases, 2 deaths; Chester Hill, 5 cases, 1 death; Perrysburg, 5 cases; St. Marys, 4 cases; Springfield, 4 cases, 1 death; Celina, 4 cases, 1 death; Pioneer, Upper Sandusky, Union City and Columbiana, each 3 cases; New Washington, Lynchburg, Antrim and Salem, each 2 cases; Rawson, East Liverpool, Fremont, West Salem, Sidney, Millersburg, Galion, Ashley, Flushing, Shawnee and Cedarville, each 1 case; Wabash Tp. (Darke Co.), 1 case; Defiance, 1 case, 1 death; Columbus, Toledo and New Lexington, each 1 death.

Whooping-Cough: Bridgeport, 10 cases; Cincinnati, 3 cases, 1 death; St. Marys, 2 cases; Delta, 2 cases, 1 death; Oak Harbor, 1 case, 1 death; Chester Hill and Lockland, each 1 case; Wabash Tp. (Darke Co.), 1 case.

Measles: Hudson, 15 cases; Springfield, 2 cases; Lima, Berea, Warren and Youngstown, each 1 case.

In forty-six towns no infectious diseases reported during the week.

C. O. PROBST, M.D., Secretary.

Bibliography.

THE PULSE.

By W. H. BROADBENT, M.D., F.R.C.P.; Senior Physician to, and Lecturer on Clinical Medicine in the Medical School of St. Mary's Hospital; consulting Physician to the London Fever Hospital; late President of the Clinical, Medical and Harveian Societies. Illustrated with 50 Sphygmographic Tracings. Philadelphia: See Brothers & Co.

This little work is a reprint of the Croonian Lectures on the Pulse, delivered before the College of Physicians in 1887, with some additions, notably, of a chapter on the Heart Sounds in relation to the Pulse. Most attention is given to those qualities of the pulse which are in practice most neglected. Too frequently, writers are content to state the mere number of heart beats as sufficient information regarding the character of the pulse. Much original investigation is exhibited in the course of the lectures. The work will be of great benefit to the profession if it awakens a desire to study more minutely this valuable clinical index.

J. M. F.

ESSENTIALS OF FORENSIC MEDICINE, TOXICOLOGY, AND HYGIENE.

By C. E. ARMAND SEMPLE, B.A., M.B., Contab.; L.S.A., M.R.C.P.Lond., [and other titles too numerous to reproduce]. With 130 illustrations. W. B. Saunders, Publisher Philadelphia.

The title of this book would be a little nearer correct if it read "A Glance at Forensic Medicine, Toxicology, and Hygiene." The idea of crowding the "essentials" of these three important subjects, along with 130 illustrations, occupying not less than a fourth of the space, into less than 200 pages, is worthy of a New Englander. What there is, however, is good, and the work, if properly used, *i.e.*, in the manner for which these "Saunders' Question Compend" are designed, may be of much service to the student. For the practitioner, however, it is entirely too elementary.

The author gracefully acknowledges the source of the few illustrations given in connection with toxicology, and

thanks the publisher for the rest. The publisher, in turn acknowledges nothing, although nearly all his plates are reproductions of the illustrations found in other works. We have previously remarked this characteristic of these compends.

J. M. F.

PHILOSOPHY IN HOMŒOPATHY: Addressed to the Medical Profession and to the General Reader.

By CHARLES S. MACK, M.D., Professor of Materia Medica and Therapeutics in the Homœopathic Medical College of the University of Michigan, at Ann Arbor. Chicago: Gross & Delbridge, 1890.

Mirabile dictu! Philosophy in Homœopathy! The idea is refreshing, as it is novel. To show the author's understanding of philosophy, we quote a few sentences:

"We say that *similia* [*i.e.*, "similia, similibus curantur"] is the law and the only possible law of cure. * * * A drug can be curative only by reason of its dynamic effect upon the patient. Curative treatment is invariably a treatment of the patient, and never a direct attack upon a proximate cause of disease." Speaking of trichinæ, the author says that, if they enter the alimentary canal, "it is proper to directly attack those parasites by putting into your patient's alimentary canal any substance which will destroy the parasite without harming your patient. * * * In the supposed case you do not treat your patient at all, you directly attack a proximate cause of his illness, and when that cause is removed he will probably recover." Of the germ theory, this: "To directly attack and destroy disease germs in an open wound or any place in the body without harming your patient, may be useful, but is not curative, treatment."

Where, then, does homœopathy come in? With its infinitesimals, its place is infinitesimally small — it "treats the patient," his superstitions and his purse. Homœopathy has indirectly contributed to our recognition of the fact that vigorous medication is often necessary; but not half so much so as is frequently asserted.

The offspring of absurdity, without

science or literature—without philosophy—followed by few, believed by none, it occupies the position of a side-show, a farce, or a small comedy, which, serving to amuse is profitable to the actors, but of no value to the spectators, and soon forgot, except by those who imagine the stage effects real and the buffoonery a serious warfare.

The sophistry of homœopathy!

J. M. F.

ARTIFICIAL MINERAL WATERS.

In the treatment of gout and rheumatism, and other diseases dependent upon the uric acid diathesis, there is no remedy more deservedly popular than the salts of lithia. Their expense has interfered to a degree in popularizing them as remedies, but under recent investigations, experimentations and demonstrations these agents have been brought within the reach of the masses.

To have at once a therapeutic agent in the form of an agreeable table water is certainly a great advantage. For years our eminent and able Dr. Enno Sander, of St. Louis, than whom no one stands higher as an expert chemist in the estimation of the medical profession and the citizens at large, has been directing his energies towards the completest development of mineral waters.

With unlimited facilities for experimentation, being an accomplished chemist, an enthusiast in his work, he has finally evolved that which in its various forms furnishes an agreeable beverage for those who are in good health and especially for those who are sick. Not only a beverage but a healing agent as well. All forms of mineral waters are turned out from the immense laboratory of Dr. Sander in a shape to be readily available. For years I have utilized in nearly all cases the various sparkling, carbonated waters of Dr. Sander in conditions of fever, and disturbed digestion. They act charmingly and are grateful to the stomach of the patient, allaying thirst better than the plain dead waters of the hydrant, or ice cooler. Of all these waters there is not one, in my judgment, which will be of more general value than the lithia potash water.

Dr. Sander has solved the problem of prescribing lithia and potash in a manner to be entirely agreeable to the patient. I have seen patients who needed these remedial agents, drink bottle after bottle, either plain or mingled with some form of mild wine, such as claret or Rhine wine, and it would require a very great stretch of the imagination for them to realize that they were taking medicine at all. Therapeutically, practically and clinically, Dr. Sander's lithia potash water is an eminent success and, last but not least, it possesses the advantage of being very reasonable in price.

During the heated term, when the intestinal canal is prone to riotous conduct—in other words, when gastro-intestinal troubles abound, dependent in a majority of cases upon an acid fermentative condition of the bowels, the habitual use of the effervescent lithia potash water, or "Garrod Spa," of Dr. Enno Sander will be found to serve admirably as a curative and prophylactic measure.

In infants and children it is a splendid substitute for lime-water, being more agreeable when used as a drink, or added to milk.

It is not only a pronounced alkali but being carbonated, it enlivens all fluids to which it may be added.—Editorial, *Med. Mirror*.

FOR VOMITING OF PREGNANCY.

M. Hubert (*Canada Medical Record*) uses the following mixture to relieve the vomiting of pregnancy:

R Tincture of iodine, 6 drops.
Potassium iodide, $1\frac{1}{2}$ drachms.
Distilled water, $4\frac{1}{2}$ ounces. M.
One teaspoonful three times daily.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

A CASTOR OIL MARRIAGE.—Miss G. had two millions of francs fortune left her by a grandmother. She had been asked to marry by a noble Englishman, a Belgian lawyer and an Italian wine merchant. She had refused all offers, declaring that she would never marry any one. It happened (I trust my pen may be permitted to write this without making the ink blush) one day that Miss G. had a sore throat, and the family physician ordered her castor oil. The medicine took effect in the orthodox manner, and in one of her lively movements of vivacity, while the lady was seated on that domestic utensil that a Greek mot defines in French as a *pot de chambre*, the china ornament cracked under her gluteal muscle and she was wounded quite severely in her perineal region. She uttered loud cries of distress, and the mother, running to her assistance, found her cut by the china. "Quick!" cried the excited girl, "go seek a physician. Not our doctor, for he is a married man. No married man shall ever see my wound. It shall only be attended by a single doctor, and he must agree to marry me, or I shall die of mortification." She was so resolute, that the mother and father knew that nothing could alter her determination. Out into the streets went her paternal progenitor in a mad search for a doctor, suitable for a husband and physician for Miss G. Yes, the doctor who should call must become his son-in-law. The case was desperate, and the wound required speedy assistance. The father went to a number of doctors' residences. The first question he asked was, "Are you married?" The first six physicians called on were united in matrimony. The seventh was an old bachelor of sixty. The eighth was a bachelor, but

humpbacked. The ninth had a wooden leg. Finally, he reached the thirteenth doctor, who was neither married, humpbacked nor lame (*numero dues impari gaudet*). The thirteenth was handsome, single, and aged thirty. The situation was explained to him; he was gallant, poor, and a Frenchman. He accepted most cheerfully. He did not know the young lady, but the two million francs of *dot* caught him. He went and performed the operation of sewing up the perineal wound. Some months later the marriage occurred. You will ask me, gentle reader, if the marriage was a happy one, and I answer, more than happy. This happened in 1858, the doctor is now Professor X., and the mystery of numbers has thirteen children: three pairs being twins. Lucky girl with perineum, good doctor and happy family.—[*L'Independence Belge*.]

THOUGHTS * AND MAXIMS.

Do not believe all that you see, being the maxim of physicians, it is most proper that their patron-saint should be Thomas instead of Saint Luke; the latter should be turned over to the apothecaries.

An accoucheur should have an eye at the end of his finger, but should never put his finger in his eye.

Pain is the capital of the world: civilized and syphilitized.

The maxim of Talleyrand, "Speech has been given to man to disguise his thoughts," is especially applicable to doctors.

In order to succeed a physician should possess three gifts: the love of study, to know how to live, and *savoir faire*.

Physicians are divided into two classes, *i. e.*, the credulous and the sceptical; patients form only one class, the credulous.

Why should the whole world not know about medicine, since all races greet each other with the polite exclamation: "How's your health?"

The physician, in proportion to his fortunes, does more charities and gives

more alms to the indigent than earth's millionaires.

Voltaire said of physicians by way of advice: "It is better to have a friend among women, than to write a hundred volumes."

The two persons the world leaves with pleasure are the doctor and the jailer.

A medical diploma is equivalent to a life term of servitude: once enter the profession and it is never left. It was Bouillet who wrote:

"To enter a doctor's life one must be brave,
For his work ends only in the grave."

GOOD CONSULTANTS. — Professor Trousseau was once asked why the Faculty so willingly received so many stupid fellows, the majority of whom could not carry on an ordinarily intelligent conversation. "Ah!" cried the great scientist, "these stupid fellows who put on wise looks, saying and knowing nothing, always make popular

consulting physicians. To impose on the community, give me a silent man."

QUEER PRESCRIPTIONS.—The prescriptions of Dr. I. are known for humor, and pharmacists always scan them for amusement. A patient with a sick headache brought the following recipe to a Rivoli druggist the other day:

R.—*Veni, Vidi, Vichy.*

THE HEART OF LOUIS XIV.—According to Labouchiere, the heart of Louis XIV. should be in England, at Westminster Abbey. You ask why? The Monarch's heart was taken to England to be examined by Dr. Buckland. The heart was small, and dried up like a piece of leather. Professor Buckland examined it, put it between his teeth, and *horresco referens*, swallowed it. Dr. Buckland's remains were buried in Westminster Abbey, and as he swallowed King Louis' heart, the latter partially rests there too.

[TO BE CONTINUED.]

The Acutely Ill.

When a patient is acutely ill, the digestive powers share in the general condition, and consequently the food supplied should be of the most easily assimilable character. The predigestion of starchy matters outside the body, as in MELLIN'S FOOD, is necessary, and the soluble carbohydrates of which this food consists, soluble because predigested, form the true food of the acutely ill.—J. MILNER FOTHERGILL, M.D., Edin.

A sample of MELLIN'S FOOD will be sent to any physician, free of expense, upon application.

Doliber-Goodale Co., Boston, Mass.

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THE HYGIENE OF INHALED
TUBERCULOSIS, AS DETER-
MINED BY THE BIOLOGY
OF KOCH'S BACILLUS.

BY

OTTO JUETTNER, A.M., S.M., M.D.,
CINCINNATI.

By the hygiene⁽¹⁾ of a disease we mean the exact knowledge of (1) the factors which produce the disease, (2) their mode of existing and developing independently of animal tissue, and (3) the principles which must underlie all efforts at preventing, diminishing or destroying the activity of those causes. Hygiene is, therefore, of necessity an exact science. It deals with the nature of causes, in contra-distinction to practical medicine, which deals with the variable character of effects produced by those causes, and influenced to a greater or less degree by a thousand different circumstances. When we speak of the hygiene of tuberculosis, we embrace the etiology of the disease, the natural history of its specific cause, and finally the all-important question, how to render the cause non-infective.

Following the division given, we begin by dismissing the question of the etiology as an *a priore* truth. The intelligent physician of to-day accepts the *bacillary cause of tuberculosis* without further proof. He looks upon the disease as a condition, different under different circumstances, always follow-

ing as a natural sequence the action of the small rod-shaped organism, first recognized by Robert Koch.

The *natural history* of the bacillus tuberculosis, including his development and *modus vivendi*, has, since Koch's great discovery, been exhaustively and successfully studied. The results of these researches have, however, been of greater interest to the pathologist than to the hygienician, in as far as they concerned the life and activity of the bacillus *within* the body, *i.e.*, in its destructive contact with living animal tissues. The bacillus was introduced into the body, *cæteris paribus* invariably leading to the condition known as tuberculosis. In this manner the pathogenetic character of Koch's bacillus was recognized and confirmed. The changes in the tissues following the introduction of the micro-organism were observed. In this way the pathology of morbid conditions was established, and the generic meaning of the term "tuberculosis" as covering a multitude of pathological states, all due to the action of one specific cause, was recognized. The results of these observations, although in themselves possessing the highest scientific merit and clinical interest, are, however, as stated before, of comparatively little value to the hygienician who would study the specific cause *per se*, *i.e.*, independently of its soil and of its effects. This knowledge is, of necessity, required before the subject of the prophylaxis of tuberculosis can be intelligently discussed.

By what route does the bacillus enter the body? Considering that pulmonary tuberculosis is the most common form of the disease,—that the lungs show more pronounced changes after tubercular infection than any other organs,—it is not difficult to believe in

¹ The well-known labors of Cornet, as reported in the *Zeitschrift für Hygiene*, were exhaustively commented upon by Trautmann, of Tübingen. The present article was suggested by Trautmann's criticism.

a direct infection of the lungs. Since, however, the inspired air forms the only route of communication between lung and atmosphere, we conclude that tuberculosis, in the vast majority of cases, is inhaled, *i.e.*, the inspired air carries the virus of the disease. What is, then, the condition of the atmosphere surrounding us in reference to the quantity of tubercular virus which it is supposed to contain? This problem is of paramount importance, for it implies questions of the greatest practical interest in connection with the relative liability of tubercular infection and the probable extent of the ravages of tubercular phthisis among the members of the human family. The investigations of Cornet, to be referred to later on, seem to indicate that the liability of tubercular infection is much smaller than was, and still is, supposed by some of our pessimistic pathologists, who would have the human race eventually perish in consequence of the certainty of tubercular infection. Cornet has examined the atmosphere of rural districts, of streets, of factories, hospitals, jails, etc., etc., and gives it as the result of careful observation and comparison that (1) the supposed ubiquity of the tubercle-bacillus is an untenable hypothesis, and (2) that his presence can always be explained by the proximity of some phthisical person.

To examine the atmosphere Cornet placed sterilized vessels in places where the air was undisturbed. In this manner the invisible corpuscular contents of a certain column of air were gradually made to form a deposit upon the vessel. It is well known that tubercle-bacilli will even be deposited, if suspended in much heavier media than air, *e. g.*, water or pus. In addition to these vessels, Cornet subjected the floor of rooms, parts of bed-steads, picture-frames, clocks, etc., etc., to close scrutiny. Upon all these things a deposition of tubercle-bacilli, if the latter were contained in the atmosphere, would naturally have taken place. To ascertain the presence of the bacillus, the crucial test of microscopy and inoculation was employed. The results of these observations were, indeed, very

interesting. The bacillus was found in large numbers in the scrapings from walls, floors, etc., of some hospital-wards reserved for phthisical patients. In the wards of other hospitals, where tubercular patients were taught to carefully expectorate into spittoons and where the latter were kept scrupulously clean, no tubercle-bacilli could be found. Where patients were allowed to use handkerchiefs in addition to cuspidores, invariably thriving colonies of Koch's bacilli were discovered upon the floor, the wall, the bed-steads etc. Repeated examinations of the dust from two clinic-rooms, an operating-room, the dormitories of an orphan asylum, two lecture-rooms, several public buildings, and of streets resulted negatively. Cornet has never found the bacillus in the expired air of phthisical patients. He has, however, found myriads of bacilli in specimens of sputum from tubercular subjects. Hence he holds that the bacillus is not exhaled, but expectorated. Taking in connection with this observation the fact, already clearly established by Koch and other investigators, that the bacillus can neither develop nor even exist longer than a certain limited space of time outside and independently of animal tissues, Cornet concluded (1) that the atmosphere *per se* never contains the bacillus; (2) that the presence *per se* of any number of tubercular patients will not vitiate the air; and (3) that tubercle-bacilli, floating in the atmosphere, always have their origin in tubercular sputum, which, having been deposited somewhere, had, after thorough evaporation of the liquid constituents, allowed some of its corpuscular elements to be carried away by atmospheric motion. If phthisical patients could once for all be prevented from spitting into handkerchiefs and upon floors, tubercular infection of healthy persons and re-infection of those already attacked would be practically impossible.

The liability of infection from sputum deposited upon streets is improbable. The moisture of the air, together with the hygroscopic property of the sputum, prevents desiccation of the latter. During dry weather atmos-

pheric motion carries the bacilli into infinite space. Even admitting the presence in the street air of a small quantity of tubercular virus, the chances of infection are exceedingly slight, considering that so small a fraction of atmosphere as is represented by fifty cubic metres suffices as lung food of one person for four days. The statistics of the Berlin Street Cleaning Department show that during the year 1887, not one out of its 605 employes contracted phthisis. This in spite of the fact that out of these 605 men who were constantly inhaling dust, some suffered from bronchial and pulmonary catarrhal troubles of more or less severity, and hence were doubly in danger of infection. While accepting the improbability of street infection, we must, however, look upon certain other public places, such as stores, offices, factories, etc., etc., as being greatly more favorable to the communication of tubercular phthisis. In these places, characterized by insufficient ventilation and the absence of hygienic asepsis, infection is an almost certain occurrence.

When we introduced the subject of the hygiene of tuberculosis we divided it into three distinct parts. Having considered the etiology of the disease, having, furthermore, made a cursory survey of the biological characteristics of the specific cause in as far as those characteristics bear upon its transmissibility and pathogenetic action, it behooves us to consider the third and most practical question, namely, how to prevent, diminish or antagonize the infective action of the bacillus. This question implies the *prophylaxis of tuberculosis*. We begin by stating with dogmatic certainty that the tubercular subject, pure and simple, is innocuous. He only becomes a source of the greatest danger to himself and to those around him by certain *bad habits*. He ought, therefore, never to spit on the floor or into a handkerchief. His sputum ought to be collected in a cuspidore provided with a lid. Since desiccation of the sputum forms the direct source of danger, it should be prevented in the receptacle of a quantity of, preferably some disinfectant, fluid. Sand and sawdust

rather favor the dissemination of sputum, and hence should be dispensed with. Contact with hands and mouth of the phthisical subject should be cautiously avoided. It is not hard to comprehend that labial osculation can be a very successful method of transmitting phthisis. No articles coming into contact with a tubercular patient's respiratory tract should be indiscriminately used by any one. The physician who examines a tubercular larynx and introduces the same laryngoscopic mirror into the mouth of a second individual, probably contenting himself with a superficial cleansing of the instrument by means of a towel, is—not figuratively, but in reality—*guilty of murder!* The community should be divided into districts. There should be persons in each district whose duty it shall be to enforce the rules of hygienic asepsis. There should be public places where all articles which have been at any time in contact with a tubercular subject, including articles of apparel, spoons, forks, knives, plates, bed-clothes, mouchoirs, and last, but not least, the contents of cuspidores, can be destroyed by fire. If it is important to protect life and health by preventing as much as possible the appearance and spread of acute infectious diseases, it is of incomparably greater moment to take up arms against that arch-enemy of mankind, the bacillus tuberculosis, that kills at least one-seventh of our race and undermines the health of fully one-third. If Koch's bacillus is allowed to keep the noiseless tenor of his way, our pessimistic friends who see nothing but desolation ahead may be right in predicting the final dethronement of the phthisical king of creation. Tuberculosis in man can, however, be absolutely, positively and completely stamped out of existence after three or four generations by a systematic prophylaxis. In this contest between man and his microscopic antagonist it will be the survival of the fittest. Therefore, *caveant consules*, lest

"Impia perdemus devoti sanguinis ætas,
Ferisque rursus occupabitur solum."

MEDICAL students with a B. A. degree have an advantage in their favor.

A CASE OF CHOLECYSTOTOMY "IN TWO SITTINGS."

BY

J. C. REEVE, JR., M.D.,
DAYTON, O.

Pain had incapacitated the patient, a woman, aged thirty-nine, and a *re-ligieuse*, for work for five years. The trouble began suddenly with abdominal pain and the appearance of a tumor in the right lumbar region of the abdomen, which tumor was described as being hooked, or J-shaped, about an inch in diameter. There were various remissions, and upon one exacerbation a quantity of pus was said to have been passed by the rectum. When first seen the tumor was cylindrical to the touch, extending from the right inguinal region to beneath the ribs, movable, and feeling like a tense cyst. There was considerable stagnation of gas and feces in the larger bowel, but the stools were of natural color. A distended appendix or colon was diagnosed, and copious irrigations and systematic massage were used, but with no other effect than lessening a pain in the left hypochondriac and lumbar regions, which had often annoyed the patient. But this slight improvement rather strengthened our opinion.

On the 2d of July, with the assistance of Drs. Jewett and Conklin, a vertical incision three and a half inches in length was made just external to the right rectus and beginning an inch above the middle of Poupart's ligament. Later this cut was extended an inch upward. A distended gall-bladder was discovered, glistening and pyriform, and extending to the lower end of the incision. It was decided to stitch this to the parietes, after the general rule in pancreatic cysts, waiting for adhesions and a second sitting to evacuate the organ. The walls of the cyst appeared as tense and thin as a toy balloon, which made stitching through its serous coat not easy. But an oval upon the lower end of the tumor, an inch and a half in length, was by continuous suture of fine silk attached to the peritoneum and transversalis fascia at the lower

angle of the wound, and the remaining portion of the incision closed. The open wound was packed. No rise of temperature followed above what had prevailed for a month previous, viz., 99.5°.

Owing to some displacements in the wound, the second operation was undertaken as early as the morning of the sixth day. Without anæsthesia the cyst was incised, after passing a securing loop, and over a pint of clear serum, resembling white of egg, evacuated. Upon exploring, an ovoid stone an inch and a sixteenth in length was found resting against the under side of the lower border of the (enlarged and locally inflamed) liver. Here a suppurative process had begun, probably towards extrusion as an end. The calculus was delivered, after a little trouble, by cutting in two by a pen-knife. Large drainage-tubes were used for a week. The serous discharge progressively diminished for three weeks, when the fistula closed. A single rise of temperature to 102.2° was caused no doubt by some straining of the adhesions. Except some uneasiness in the left hypochondrium, the patient has been perfectly well since the third day. The stone, weighing 105 grains and measuring two and five-eighths inches in its smallest circumference, is radial in structure, slightly nodular on the surface, and floats in water.

The comparative rarity of this operation—the "Reference Hand-book of the Medical Sciences" reporting but thirty-four completed cases—prompts me to give this at some length. In the light of the second operation it is plain that it would have been decidedly advantageous to have opened the cyst at once, the plan generally followed, I find, by other operators.

A new innovation at funerals here recently is a silk skull cap, to be worn by the minister in charge and the bearers at the grave, also by the male members of the family. The caps are put on in the carriage and the ordinary hats left there, the caps to be worn all the time at the grave. It will prevent many colds.

—*Amer. Druggist.*

Correspondence.

FOREIGN CORRESPONDENCE.

THE TENTH INTERNATIONAL
MEDICAL CONGRESS.

BERLIN, August 5, 1890.

Editor Lancet-Clinic:

The Tenth International Medical Convention has opened in a blaze of glory. At 11 a.m. yesterday the Circus Renz, in which the general meetings are held, was filled to the utmost extent with a suffocating mass of representatives of all nations. It was a broiling hot day, and the heat was rendered still more intense by the hundreds of gas and electric lights that gave illumination to the interior of the Circus. As can be imagined, the acoustic properties of the circular, amphitheatre-like building, used as a circus in winter, were perfectly miserable, and the speakers could be heard but by the few that faced them directly. So the most were content to catch a glimpse of the famous men that spoke, and read their articles later in the transactions. That great pathologist, Virchow, whose name is probably familiar to a greater number of medical men than any other living scientist, presided. His voice was entirely too feeble to be heard at any distance. Secretary Lassar gave an interesting synopsis of the work done by the organization committee, the number of members present, etc. He stated that about 5,000 members had been enrolled, of which 2,500 were Germans and about an equal number foreigners. He emphasized the fact that the French Government had sent a delegation, and that some of the best French medical *savants* were present. This statement was received with a storm of applause quite prolonged. Considering the feeling that has existed for some time on this Franco-German medical question, it seemed as if the pipe of peace had been permanently smoked by these factions.

A very interesting fact which the Secretary announced was that the United States was represented by 500 delegates, next to Germany itself the

greatest number of representatives—even Great Britain and Ireland being only about 300 strong. About 1,000 ladies, wives of members, were also enrolled. The printing of the titles of papers announced would fill a book of seventy pages, and the number of titles reach almost 1,000. A number of deputed personages of Berlin and various prominent representatives of other countries in turn addressed the audience, both in words of welcome and thanks. Hamilton, of Washington, the secretary of the Ninth International Medical Congress, spoke for America, and Sir James Paget for England. The announcement of Sir James Paget's name was greeted with prolonged, enthusiastic applause, which quite assumed the form of an ovation when Sir James arose to address the meeting.

In following the proceedings and addresses of the Congress, in the midst of this great concourse of men, the fact that these international medical meetings were fast becoming unwieldy and unmanageable could not but impress itself on me. It seems that in some future time ways and means must be found to obviate this difficulty. The only solution I can see is in international *sectional* congresses, *i.e.*, an international congress for internal medicine and pathology; for surgery; otology, laryngology and rhinology, etc.; or that, if a general international congress is held, a certain specified number of delegates only from each country be admitted.

The section meetings are held in the "Landes-Ausstellung," a picture gallery some twenty minutes' walk from the Circus Renz. The sections of Otology and of Rhinology and Laryngology are well filled. It seems a pity that these two sections have not been made one, as no two departments are more closely united by inseparable links of pathology. There are about 125-150 members in the section of Rhinology and Laryngology. Among them are such prominent men as Lennox Browne, of London; McBride, of Edinburgh; Butlin and Semon, of London; Fraenkel, Schech, Gottstein, Krause, Stoerk, Schrötter, Chiari, Hartmann, of Germany and Austria; Massei, of Italy;

Gongenheim and Moure, of France; Bosworth, Lefferts, Daly, Casselberry, Gleitsman, Jarvis, of America.

The President of the section, Professor B. Fraenkel, delivered the introductory essay on "Laryngology Since the International Congress in 1887." He dwelt upon the importance of laryngology, its ever-increasing field of usefulness, and incidentally referred to the stimulus that had been given to the study of carcinoma of the larynx in the last two years; and while not mentioning names, gave Sir Morell Mackenzie a sharp cut and severe criticism. This reference was credited with applause and shouts of "bravo." From what nationality the applause originated I am not able to state positively, but can well imagine. In my next letter I will come to speak more fully of some of the interesting subjects discussed in this section—subjects that will interest the general practitioner as well as the specialist.

As I stated before, America sends the second largest delegation to the Congress. I have taken the trouble to carefully go over the list of the 5,000 members of the Congress to see what portion of our country was best represented. I find that the section west of the Alleghanies sends about ten more representatives than that east of these mountains. When we consider that New York, Philadelphia, Boston, Baltimore and Brooklyn are east of the Alleghanies, I think it makes a splendid showing for our Western colleagues. I make this comparison especially on account of the criticism in various journals about the appointment of the committee for America entirely from members of our profession east of the Alleghanies. Not quite one-half of this committee are present at the Congress.

The social part of the programme has been on a great scale. A reception at the town hall, a ball, section dinners, excursions to various suburbs and places of interest, social reunions in Kroll's Gardens, etc., are sufficient in number to vary the protracted business and sectional meetings.

Berlin is certainly one of the best situated cities for holding a general

convention, having in the last fifteen years made strides progressive in nature as no other city in the world.

At the general meeting to-day Rome was chosen as the place for holding the next international convention.

ERIC E. SATTLER.

Society Reports.

CINCINNATI MEDICAL SOCIETY.

Meeting of June 10, 1890.

The President, C. R. HOLMES, M.D., in the Chair.

E. S. STEVENS, M.D., Secretary.

Erysipelas in an Infant.

DR. JOS. EICHBERG briefly reported a case seen in the Cincinnati Hospital in an infant. It began in the knee, was phlegmonous, and spread over the feet and legs. The treatment was tincture of iron and whisky. The child is doing well. There was nothing else of the kind in the house.

DR. DANDRIDGE said that he had a case of erysipelas in the Children's Hospital after curetting a sinus. The case recovered. The temperature ranged pretty high. Several weeks ago the child was allowed to go about, and became worse. The treatment was whisky.

DR. C. E. CALDWELL spoke of a child who came to his clinic to have a cyst removed. After the operation it became erysipelatous. This travelled all over the body. The child had had an attack just after its birth. It is interesting to note the recurrence of the disease.

Sarcoma of the Ovary.

DR. R. B. HALL presented a specimen from an unmarried woman fifty-one years of age. She had had an uneasy sensation for several months. In August last a lump was discovered in her side. She had had pain before this, and for several months previously had complained of an irritable bladder and of trouble with her bowels. She had

passed the menopause. Five or six weeks ago the speaker saw her and thought the tumor was a fibroid of the uterus. The location, sensation, size, and everything except the hemorrhage pointed to this, but all fibroids are not accompanied by hemorrhage. She was anxious to be relieved of the pain. He advised an exploratory incision, and the removal of the growth if it could be done. An examination, when she came for operation, made him believe that the tumor was not a fibroid. The operation was done on Monday, and as he had anticipated, it proved to be not a fibroid, but a sarcoma of the ovary. Every portion was adherent, and bled freely as soon as touched, and every portion had to be ligated separately. In ligating, the pedicle broke out. The case is presented because of the difficulty of diagnosis. If it had been a fibroid and the operation had been delayed, it could not have been removed and the woman left the table alive. As soon as this cyst was tapped, she bled freely. She lost from two to three pints of blood. It was because of the fluctuation he discovered in the cyst at the second examination that made him pretty sure that it was not a fibroid. Her temperature is now 100.8°, and pulse 108. She is in good condition, and he believes she will get well.

DR. C. A. L. REED said that the doctor was justified in his hope of her recovery. The doctor had witnessed an operation of the same kind at his hands. There was the same hemorrhage. It was necessary to enlarge the incision to eight inches. Everything was adherent. It was ligated in segments. The hemorrhage was profuse, yet she made a prompt recovery and is now in good condition, though the operation was done two years ago. A patient upon whom he had done a similar operation four years ago, is likewise in very good condition now. Still a third case of like character is now in good health. It simply goes to show that these malignant cases—always sanguinary affairs—may be operated upon with a prospect of a successful issue. The case operated upon four years ago had been under observation for nearly six months; that

of two years ago, for the two months preceding the operation, and had been developing for the greater part of a year; and the third case, an Eclectic case, operated upon eighteen months ago, had been watched for several months.

The speaker asked, to what extent are we justified in looking for a malignant development in a previously non-malignant neoplasm? At first we find a smooth growth, and in five or six weeks we may have a nodular sensation and the signs of malignancy.

DR. OLIVER said that the question was utterly incapable of solution. That it does occur we are certain, but in what proportion we do not know.

DR. HALL, in answer to a query as to what per cent. recover without recurrence, said that the physician or surgeon in attendance does not always report. He had had one similar case which he reported to the Ohio State Medical Society, who died in nine months after the operation. But the large proportion do not recur probably. This case is favorable for the patient, because the whole growth could be removed. This patient would not have submitted to an operation, except for the pain. He knew of one case where an operation was refused because the tumor was thought to be a fibroid. The only case of which he had knowledge of its recurrence was his own, and in it the whole growth could not be removed. He did not expect anything else, and he was glad to let her live a little while.

DR. OLIVER: What was the origin of the growth?

DR. HALL: The right ovary.

DR. OLIVER said that the early operation in malignant disease had interested him. While abroad he had talked with a number of surgeons in regard to it. Some of the English surgeons say that where the growth recurs it is malignant, and where it does not recur it was not malignant. The Germans, on the other hand, believe that if the operation is done early, it may result in a cure.

DR. REED said that he remembered seeing, in Guy's Hospital, women with

cancerous uteri being permitted to lie and wait for death. He saw the same thing at Middlesex. Yet nothing was being done for them. They made it a point never to interfere. It shows why they are having a uniform mortality.

Procidentia and Cystocele.

DR. R. B. HALL wished to make a short report of a case appearing first at his clinic at the Miami College. There was complete procidentia. Before the birth of her last child there was a slight prolapse. Now the uterus was completely outside the body. There were ulcers, not unlike epithelioma, upon the cervix, but under treatment they healed. The patient entered the Free Hospital for Women for further treatment. The cervix was enormously hypertrophied, and as a preliminary operation this was amputated. At the end of twenty days she went home, and remained a week or ten days passing her monthly period. Again she entered the hospital, and the speaker did the operation on the anterior wall of the vagina for cystocele. He would after a while do a posterior kolporrhaphy. To make the operations ideally perfect, she should finally have Alexander's operation for shortening the round ligaments. This case is of especial interest to him, because three or four surgeons, to who whom she had applied, had sent her away, because an operation would be hopeless.

In response to a query as to why he had not performed total extirpation of the uterus, the speaker said that his patient was willing to submit to anything not absolutely dangerous to life. Extirpation of the uterus is not devoid of danger, as the other operations, when carefully performed, are.

DR. E. RICKETTS mentioned that he had done an anterior kolporrhaphy, a year ago, which has been a complete success.

It has been shown by Bastian that complete transverse section of the spinal cord abolishes the reflexes of the lumbar enlargement of the cord, instead of increasing them.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of May 26, 1890.

The President, C. D. PALMER, M.D.,
in the Chair.

J. M. FRENCH, M.D., Secretary.

DR. MASSILON CASSATT reported a case of

Typhoid Fever,

which progressed nicely until the patient was given a dose of Seidlitz powder. This was followed by violent purging and symptoms of intestinal perforation, with collapse. Peritonitis developed, the abdomen became hard and distended; the peritoneal inflammation extended over the entire peritoneal cavity. For the last twenty-four hours pus has been discharging freely per anum, and the patient has begun to recover. The speaker considered the case one of intestinal perforation with purulent peritonitis terminating in discharge of the pus through the intestinal opening.

DR. SAMUEL NICKLES then read a paper on

Creasote in Phthisis.

Soon after its discovery by Reichenbach, in 1832, creasote was used in phthisis, and several careful observers reported that they had found it decidedly useful and sometimes curative. But it soon again became obsolete. Its use was revived in 1877, by Bouchardat, and Gimbert, who had employed it in a large number of cases with very gratifying results. Since then it has been used quite extensively and is constantly growing in favor. Many careful observers have recently reported very remarkable success. Thus Sommerbrodt, who during nine years had used it in about 5,000 cases, found that it nearly uniformly ameliorated the symptoms of the disease, except in very advanced cases when many organs were involved, especially the intestines. In recent cases striking results were observed; improvement of the general condition, diminution of cough and expectoration, marked increase of appetite, cessation of night-sweats and fever, and in many cases

disappearance of the physical phenomena, especially the dulness. Other observers agree in the main with Sommerbrodt as to the great utility of creasote in the early stage of the disease. Some have obtained less favorable results, which may have been due to the use of an impure preparation or to the use of excessively small doses. It is now well known that three conditions are absolutely necessary for success: first, creasote obtained from the distillation of wood tar, especially beech-wood tar; secondly, the administration of large doses after the principal meals and thirdly, perseverance in the treatment for many weeks and months.

At first the doses used were moderate, and generally the following mixture was used: Creasote, 13.5; tinct. gent., 30.0; spiritus, 250.0; vini malag. q. s. ad 1000.0. Of this a tablespoonful was given after the principal meals, in a wine glass of water. Each dose contained about three minims. Sommerbrodt preferred gelatine capsules, each containing 0.05 of creasote and 0.20 of tolu balsam. At first he began very cautiously, fearing bad effects upon the digestive organs; but soon he gave six capsules daily for two months, and then increased to nine daily, and continued this quantity for many months. When symptoms of gastric disorder supervened, he omitted the capsules for a few days.

Thus it will be seen that the good results were obtained from the use of very moderate doses, five to ten minims daily. Lately much larger doses have been recommended, from fifteen to twenty or thirty minims daily, and usually they are well borne by the stomach. Since the discovery of the tubercle-bacilli the good effects of creasote have been attributed to an antiseptic or anti-bacillary action. This view has received very strong support from the experiments of Guttman, who found that creasote added to nutrient gelatine in the proportion of 1 to 4000, almost completely prevented the growth of the bacilli.

Sommerbrodt relies upon creasote alone, and numerous other physicians have treated phthisis in its earliest stage

successfully with creasote alone; still it will in nearly all cases be better to combine with creasote the remedies hitherto found useful, especially cod-liver oil. For a long time I have added to cod-liver oil from one to two per cent. of creasote, and have given this mixture in doses of half an ounce after the principal meals. At the same time, if larger quantities of creasote be desirable, it may be prescribed together with a bitter tincture, especially the tincture of nux-vomica. Of a mixture of one part of creasote and two parts of tincture of nux-vomica from five to fifteen drops or more may be taken in a cup of milk after the principal meals. However given, it should be recollected that the best results cannot be expected unless the creasote be free from carbolic acid, that the dose must be large and be taken after meals, and that the treatment must be continued for a long time.

DISCUSSION.

DR. TINGLEY reported that for a few weeks he had been trying inhalations of creasote on a patient who reported that his respiration was easier and that he had less nausea. He saw a case yesterday with Dr. R. H. Thornton, in whom the temperature was 105° F., with large cavities in the lungs. He had suggested that creasote be tried, although it appeared to be a desperate case.

The speaker believed that Dr. Rachford, now in Europe, had been using the remedy both by inhalation and by stomach administration previous to his departure, for the last eighteen months.

Dr. Tingley reported, further, a case in which he was using the creasote inhalations: 3j to 3j of alchol—fifteen drops four times a day—in a patient with pulmonary trouble and who had a considerable hemorrhage last March, with marked benefit. Breathing easier, cough less frequent, and painful points in the lung less irritable.

DR. G. A. FACKLER thought that no one who has read the clinical reports in this country and abroad can entertain any doubt as to the beneficial influence of creasote in tuberculosis. For the past two and one-half years he had been using the remedy in his private practice, being led to do so by the encouraging

results obtained therewith in the clinic of Prof. Nickles, in the Medical College of Ohio. As a result of the teaching of his former preceptor and his own observations, he was a believer in the efficacy of cod-liver oil. But in cases in which he had used cod-liver oil alone, the result was markedly different from that obtained in cases treated with creasote. In the latter the general condition improves in accord with the diminution of night sweats and expectoration. Its action probably depends largely upon its indirect toxic effect upon the cause of the disease. It has been supposed that like arsenic, it increases oxidation, such process possessing antiseptic properties. It is of special value in the first stage of the disease. Here, where we have usually to deal with a localized catarrhal pneumonia, in which a nidus favorable for the reception and growth of the bacilli is being formed, creasote has on account of its oxidizing powers an antiseptic action upon the micro-organisms present, and causes a more rapid degeneration and absorption of the products of the inflammatory process, *i.e.*, the favorable soil for the development of the bacilli. We may hence here find an explanation for the observations made by some authorities, that the bacilli may be present in the sputum in the same numbers as before the treatment with creasote, yet, simultaneously with a diminution of dulness over the affected area, the other disagreeable symptoms vanish.

The speaker, until lately, had always used the remedy in connection with cod-liver oil. He had one case in which were present well-marked symptoms of pulmonary tuberculosis. The patient, however, was not losing weight rapidly, having a moderately good appetite. He prescribed creasote in capsules containing two minims, gradually increasing the dose to ten minims three times a day. The cough is diminishing, the night sweats have ceased, hectic is no longer observed, general symptoms have disappeared and weight is increasing. He desired to refer to another case which seems to illustrate the points under discussion.

Early in March he had been called to

see a child nine years of age, that had for a period of two weeks been treated for malaria by another physician. A number of symptoms and the previous history of the case led the speaker to the supposition that he was dealing with a case of typhoid fever. But the symptoms continued beyond the time allotted to typhoid. The temperature range was very erratic. Within an hour at any time of the day the temperature would mount from 100° to 106°. Quinine had no influence upon the fever. The only drug that effected a reduction was antifebrin. Naturally, the speaker began to doubt the accuracy of his diagnosis. There was absolutely no symptom to lead to the suspicion of tuberculosis until the end of the sixth week of the child's illness, when night sweats began. The patient by this time was much reduced in strength and her appearance gave evidence of the destructive changes wrought by the continued high fever. In spite of the latter symptom cod-liver oil was ordered, in order to preserve the strength of the patient. But no favorable change was observed until creasote was added to the oil. Within forty-eight hours after this plan of treatment was adopted, the temperature began to decline, and within three or four days but a slight rise in the evening was observed. The patient has now fully recovered and is rapidly growing in weight. The speaker knew of no other factor in the history of the case to which he could ascribe the rapid recovery except the creasote.

DR. JULIA CARPENTER stated that she had used creasote in several cases of phthisis, one of which was in the last stage. As a result, she had found that the cough was for a time very much relieved, the expectoration became much easier. Unfortunately she was obliged to discontinue the remedy, and a short time afterward the patient died. In her use of the remedy the speaker had observed no diminution of the night-sweats. She had given the creasote in milk and also with tincture of gentian. All of these cases, however, were too far advanced when the treatment was instituted for her to have an opportunity to observe much improvement. The

preparation which she used was the imported English preparation.

DR. A. G. DRURY read the following report of a case of

Purpura Hemorrhagica.

Lizzie F., eleven years old, has always been a delicate child, but has had no severe or protracted illness except an attack of malarial fever some time ago. She has had nose-bleeding at various times. Has had occasional attacks of urticaria. Has never had rheumatism. Appetite has always been capricious. On the 20th of May she began to have general malaise, and spots the size of a flax-seed to a bean, were seen on the wrists and fore-arms. These spots next appeared on the legs from the feet to the knees. There were a few spots on the buttocks, and later a large one on each ear. They were of a dull red color, were even with the surface, and did not disappear on pressure. There have been none on the body. On Friday, May 23, she complained of some pain in the stomach. Her mother gave her castor oil. Soon thereafter she began vomiting. There was blood in the matter vomited. On Saturday, May 24, and continuing to Tuesday, 27th, there was diarrhœa, every passage being accompanied with blood. Wednesday, 28th, additional purpuric spots on the arms and legs. Diarrhœa and vomiting less frequent and less severe, but the blood still present. During the latter part of the day she drank milk, which she retained. The beginnings of each attack were attended with slight rise in temperature. May 31, temperature normal. Spots are gradually disappearing. There has been no diarrhœa or vomiting for two days past.

[The following is a later report of the above case, with remarks, to date]:

Sunday and Monday, June 1 and 2, new spots made their appearance in considerable numbers. Tuesday, June 3, great increase in spots over the limbs, with return of pain and vomiting. Wednesday, 4th, vomiting ceased, slight rise of temperature in the afternoon. Friday, 6th, spots have almost disappeared. Sunday, 8th, she sat up a little while. Monday, 9th, the spots returned over both legs in greater numbers than ever.

Tuesday, 10th, diarrhœa and vomiting, with blood in the stools. Saturday, 14th, steady improvement to date. Tuesday, June 17th, a few new spots of large size have appeared. From this time she steadily improved, and is now apparently well.

A propos of this case and the recent discussion in the Cincinnati Medical Society (*Lancet-Clinic*, June 21, 1890), I quote the following cases reported in the proceedings of the American Pediatric Society (*Medical Record*, June 21, 1890, p. 712). Dr. Henry Jackson related the history of a case, that of a child that had been previously healthy, having had only an attack of measles, from which it made a good recovery. When first seen the child was playing in the yard, but was peevish, and presented small hemorrhagic spots on the legs and back. During the day it passed a little blood with the dejections, and during the remaining days—the attack proving fatal in four days—had nose-bleed, hemorrhage from the bladder and bowels, and hemorrhage into the skin. In discussing his own and some similar cases he said: “He thought it should probably be classed as an infectious disease. It had been pretty well shown the hemorrhage was not due to any change in the blood itself. Some claimed there were changes in the walls of the vessels. It would be difficult to understand how a disease so rapid in its onset should be due to a chronic endarteritis.” The author was disposed to think there was some change in the vaso-motor nerves, probably produced by some micro-organism. Dr. Jacobi said no one would at present look to the condition of the blood as the cause of hemorrhage; it must be in the blood-vessels or germ invasion. It was seen more commonly after measles than any other affection, and it seemed probable the micro-organism of this disease predisposed the blood-vessels to purpura hemorrhagica. Dr. Rotch, of Boston, had seen five or six cases of purpura hemorrhagica. In no case had he seen a baby under one year recover. He thought it was a germ disease. Dr. Fruitnight mentioned two fatal cases occurring soon after birth in infants

whose mothers had puerperal fever. Dr. J. Lewis Smith said that in the Infant Asylum they also recognized syphilis as a cause.

Selections.

LOCAL TREATMENT OF TUBERCULAR LARYNGITIS.

One of the greatest triumphs of laryngology in late years has been the success achieved in the local treatment of the tubercular affections of the larynx. We have at last come to the decided opinion that there is such a thing as localized tuberculosis of the larynx, and also that this localized disease can be cured.

I should like to divide the affections into two classes: Firstly, those cases which are in themselves not of a tubercular nature, but which are very prevalent in the early stages of pulmonary phthisis, and which often exist for some time before tubercular laryngitis becomes manifest as such, these are: a peculiar anæmic condition of the whole of the mucous membrane of the larynx, a slight paresis of the laryngeal muscles (chiefly the adductors), and a typical and persistent catarrh of the vocal cords. Secondly, those cases in which the affection is distinctly of a tubercular nature, the cases of infiltration, of perichondritis, and of ulceration.

For the anæmic condition of the mucous membrane; hot inhalations with oleum pini sylvestris or eucalyptus can be used. The general treatment is, however, of much greater importance.

In cases of paresis of the adductor muscles the local application of a 5 or 10 per cent. solution of nitrate of silver often relieves the symptoms. In some cases the faradic current is useful. This paresis of the adductors is very common in beginning pulmonary phthisis and very difficult to explain. Some think that it is due to pressure on the recurrent laryngeal nerve at the apex of the lungs by some exudation or infiltration there, others put it down to the general state of anæmia, others say that it is due to the anæmic condition of the

laryngeal muscles. Semon thinks that it is due to slight immobility of the arytenoid cartilages.

In the treatment of catarrh the local application of a 2 to 10 per cent. solution of nitrate of silver seems to act very well.

In those cases in which there is much infiltration, the use of astringents does not seem to do much good. Hot inhalations or cocaine sometimes relieve the pain. In severe cases, however, the only rational mode of treatment, is to make free incisions into the affected parts with a knife or scissors. Schmidt, of Frankfort, was the first to recommend this somewhat bold procedure in 1880. At that time it was violently opposed, and even now it is condemned by some eminent laryngologists. The incisions should be deep and large. A few slight scratches are of no use whatever. Cocaine applied before and also after renders the operation practically painless.

In most cases of tubercular laryngitis there is ulceration, either of the vocal cords, the false vocal cords, the arytenoid region, or the epiglottis. Innumerable drugs have been recommended as local applications to arrest and cure the ulcers. The most reliable and efficient is undoubtedly lactic acid, as recommended by Professor Krause in 1886. You begin with a 20 per cent. solution, and gradually increase the strength up to 80 or 90 per cent. It can be applied by a brush or a piece of sponge or cotton wool. I usually wrap a small piece of cotton wool on to a silver probe, and with this rub the acid well over the diseased parts. It is of great importance that the acid be well rubbed into the ulcers and not only be gently applied. The brushes generally used are much too large and also too flexible. Cocaine should be applied before and after the application in order to prevent any pain or subsequent swelling. In bad cases Heryng suggests the injection of five or six minims of a 20 per cent. solution of lactic acid into the diseased parts. In 1887 Rosenberg recorded several cases of ulceration which he had successfully treated with menthol. He applies a 20 per cent. solu-

tion of menthol in olive-oil or spirits of wine. Rosenberg thinks that menthol is more useful than lactic acid, as it not only cures the ulceration but also relieves the pain and swelling. He also recommends the inhalation of menthol fumes, which he thinks act beneficially not only on the larynx but also on the diseased lungs. In my experience menthol has failed to affect the ulceration, but it certainly does relieve the pain and swelling. I use it in some cases alternately with lactic acid, and also in those cases in which the patient is too weak or too nervous, to undergo the lactic acid treatment, which certainly is rather rough.

Iodoform has also been largely used in the form of insufflation or submucous injection. Lublinski strongly recommends iodol. Iodoform seems to me to be the more efficacious. I frequently use it directly after the application of lactic acid or after the use of the curette. Boric acid has been used by Jurasz and others. Carbolic acid, sublimate, nitrate of silver, also chromic acid have been tried. Seifert recommends salol, Morell Mackenzie perchloride of iron. Schnitzler has lately used creolin and also balsam of peru. The latter as a local application mixed with collodion and also for inhalation.

Weigert recommends the inhalation of hot air.

In advanced cases or in cases in which local applications fail to cure the ulceration we now universally adopt surgical treatment. It was Heryng (*Die Heilbarkeit der Larynxphthise und ihre Chirurgische Behandlung*) who in 1887 first published successful cases in which he had scraped the ulceration with a sharp curette. This may seem to be a most energetic method of treatment but, is in many cases the only way of effectually dealing with the disease. Heryng and also Krause have had curettes made which can be fixed in any position so that we can more readily get at the diseased parts. We must use the curette in an energetic manner and scrape away as much of the diseased tissue as possible. After the operation we can apply lactic acid or iodoform. The use of cocaine before

and also after renders the operation comparatively easy and painless.

The galvano-cautery has also been tried by Gougenheim ("Phthisie Laryngie," Paris, 1889) and others, but abandoned. Electrolysis has lately been recommended; you attach the negative pole to several long pins, and insert these into the diseased parts. The positive pole is applied externally to the neck.

It is to Krause, who first recommended the use of lactic acid, and to Heryng, who first used the curette, that we are chiefly indebted for the successful results which we can now attain in the local treatment of laryngeal phthisis. But these methods could not be so universally carried out, without the help of cocaine. In fact, the introduction of cocaine has created quite a revolution in the treatment of diseases of the larynx; much more so than in any other branch of surgery. With cocaine we can relieve the often extreme sensitiveness of the throat, and thus more easily see the larynx, and apply any local treatment. A few years ago, before cocaine was used, it was in some cases a most difficult procedure to examine the larynx carefully, and much more so to remove any growth. It was, in fact, only a privileged few who could perform the operation. We can now use strong astringents or the curette without causing much pain. The cocaine can be applied as insufflation (mixed with sugar or boric acid), or with the spray or syringe. In some cases we inject it under the mucous membrane.

There is another very important question in the local treatment of tubercular laryngitis, and that is, should we ever perform tracheotomy, and, if so, at what time? I myself am a strong advocate for early tracheotomy. The operation should be performed for one or more of the following reasons: Firstly, to relieve the larynx of the constant irritation caused by respiration. Secondly, to make respiration more easy and effectual, as it seems to me to be of great importance that in these cases the lungs should be expanded as freely as possible. Thirdly, to prevent the con-

stant aspiration of the foul discharge from the larynx, which is naturally crowded with tubercle bacilli. There can be no doubt that in cases in which the larynx alone is diseased, the lungs may become infected by the aspiration of the bacilli, and also that in many cases general tuberculosis or even septicæmia may set in. In some cases in which the larynx is very much affected, and in which local treatment is of no avail, I should even advocate the removal of the diseased parts by an external operation, in order to prevent general infection from these parts. Lastly, tracheotomy is in some cases necessary, so that we can adopt more energetic local treatment without running the risk of causing dyspnœa or suffocation.—BRONNER, *Med. Press and Circular*.

REMEDIES FOR THE RELIEF OF HOARSENESS.

Sajou considers hoarseness presents three forms, viz: 1. Depending on simple dryness of the larynx, and especially of the vocal cords, such as is observed in singers, excessive consumers of tobacco, and those accustomed to extended sojourns in smoke, dust, soot, etc. 2. Of inflammatory origin, arising, perhaps, from catarrhal conditions of the respiratory passages. 3. Where the voice is weakened or altered by reason of lack of muscular tone, or by genuine paresis.

The subjective symptoms of the first form are, a sensation of dryness and constriction which provokes hacking and characteristic "hems." During prolonged vocalization, especially when singing, the voice without being absolutely altered appears slightly harsh or husky, and the patient readily becomes fatigued, when a tickling sensation supervenes that ultimately induces coughing.

Here relief may be obtained by means of warm sprays, repeated every two hours, of such solutions as ammonium muriate, potassium chloride, etc. When any vocal exertion is to be made, the last spraying should be had three hours previously, while during the interval a

compressed tablet of potassium or ammonium muriate may advantageously be allowed to dissolve in the mouth.

In inflammatory conditions of the throat, especially if there is a primary laryngitis, rest is imperatively demanded for the vocal organs. At the same time attention should be given to regulation of digestion and intestinal functions, since it often happens, especially in females, that hoarseness is influenced by constipation. Any nasopharyngeal trouble of course demands local treatment; turgescence of the erectile tissue of the turbinated bones may be relieved by the application of cocaine, followed by insufflation of some sedative powder, such as, for instance, acetate of morphine, gramme 0.03, and subcarbonate of bismuth and talc, each gramme 0.25, made up into five powders, one of which constitutes a dose. Such insufflations may be repeated every four hours, care being taken that the powder reaches the walls of the pharynx. If there is a febrile condition, great relief may oftentimes be experienced by the internal administration hourly, in minim doses, of aconite tincture. But if the trouble is only an exacerbation of a chronic rhinitis, a spray of sodium bicarbonate will usually meet all indications. An attack of coryza of several days' duration will necessitate more energetic treatment, such as application by the galvano-cautery (on one side only) of the most prominent part of the turbinated bones.

The best treatment of the exacerbations of chronic pharyngitis, whether simple or glandular, is frequent painting with a five-per-cent. solution of silver nitrate; or, perhaps, light application of the galvano-cautery, care being taken not to touch more than three or four of the inflamed and painful follicles at a sitting; the counter-irritation thus induced often clears the voice in a remarkable manner, and so that one can speak comfortably on the evening of the same day. To act on the larynx itself, a spray of resorcin (one or two per cent. solution) often proves satisfactory. When the hoarseness, however, still proves resistant and stubborn, resort must be had to intra-laryngeal applica-

tions, such as the perchloride of iron (two per cent. solution).

It is sometimes a simple and easy matter to abort recent cases, if taken at their very outset, by laryngeal insufflations, every two or three hours, of the morphine-bismuth-talc powder, but it must not be forgotten, in the case of public singers, that morphine induces torpor of the vocal cords, and for this reason a considerable interval should be allowed to elapse between the insufflation and the hour when special vocal exertion is to be made.

In hoarseness arising from muscular weakness or from paresis (most frequent in women), the voice may be normal in speaking, and altered only when singing, especially in attempts to strike the high notes. Here faradization of the larynx is apt to be most beneficial, with which may be associated the internal administration of potassium iodide, Fowler's solution, quinine, strychnine, etc.; wine of coca, too, is often a valuable adjuvant to this medication.—*Medical Age*.

THE TREATMENT OF DYSPEPSIA BY CANNABIS INDICA.

At the Académie de Médecine M. Germain Sée read a paper on the Treatment of Dyspepsia and Certain Other Gastric Affections by Cannabis Indica. He said that the drug should be employed in the extract at the dose of one-third of a grain three times a day. It acts by suppressing the painful sensations experienced after the ingestion of food, and excites the appetite. However, when an excess of hydrochloric acid is present in the stomach, large doses of bicarbonate of soda should be given at the end of the digestion in the stomach, that is to say, four hours after food had been taken. The Indian hemp had no effect on atony or dilatation of the stomach, but it acts favorably on spasm and vomiting of a nervo-motor origin. In the case of pyrosis the effects of the drug were very pronounced. In conclusion, M. Sée said that cannabis indica was an *effectual sedative* of the stomach.—*Med. Press and Circular*.

TREATMENT OF CHRONIC URETHRITIS.

One of the more frequent results of gonorrhœa in the male is a chronic urethritis, or gleet, affecting especially the prostatic portion of the urethra. The long-continued inflammation effects changes in the mucous membrane and in the submucous tissues, in the lacunæ and glands, and at times in the ejaculatory ducts and seminal vesicles themselves. Before the invention of the endoscope, the instrument devised to enable the surgeon to see the urethra and interior of the bladder, our knowledge of the changes produced by gleet was derived from the sense of touch in exploring the passage with steel sounds and acorn-headed bougies, and from post-mortem examinations. Berkeley Hill, in some lectures delivered before the Royal College of Surgeons, in June, 1889, and since published in book form, states that in the same urethra, in different parts, may be seen superficial granular thickening of the mucous membrane, inflammation of the glands and lacunæ, areas of induration, and patches of fibrous tissue penetrating beyond the mucous tissue. Loss of epithelium leads to the formation of erosions which are surrounded by ridges of granulative tissue and are covered by muco-pus. These ridges when transverse occasionally produce bridle strictures. The deep indurations which follow upon infiltration of the submucous and erectile tissues become sclerosed and result in true organic strictures. Swelling and abscess of the urethral glands, and acute prostatitis and epididymitis are further complications which are present less frequently.

The symptoms of chronic urethritis are well known. The discharge from the urethra is ordinarily scanty, often just enough to glue the meatus together in the morning. If, however, the patient lives high, drinks malt liquors or wines, takes much exercise, especially of a kind to irritate the prostatic portion of the urethra, as horseback and bicycle riding is apt to do, the discharge sometimes increases, and, from glairy or whitish, becomes purulent. The omis-

sion of astringent injections is also at times followed by the same result. The condition described may last for months or years, and never gets well spontaneously. In these cases, says Mr. Berkeley Hill, there are generally a few patches of granulation in the bulbous or membrano-prostatic portions of the urethra, usually also with induration.

Treatment of chronic urethritis has been unsatisfactory hitherto because of the great difficulty in bringing remedies to act upon the affected tissues. Hill states that in each of one hundred and ten cases one at least of the four following conditions was present: Abnormally small meatus; stricture, single or multiple, slight or tight; patches of inflammation; and granular areas. Division of the meatus and subsequent passage of a large sound is the treatment for the first condition. In the treatment of the second condition, stricture, which is by far the commonest cause of gleet, Hill appears to favor gradual dilatation with bougies. This, he says, splits the indurated tissue just as effectually as rapid divulsion. Having enlarged the meatus, if necessary, he passes three days afterwards as large a bougie as the urethra beyond the meatus will accommodate. This stretching must be repeated every second or third day for a week or so. The next step consists in attacking the granulations farther down by gradual dilatation, with gradual splitting. At each sitting, after the bougie has been passed, he inserts as large an endoscopic tube as the induration will let go by, and while inspecting the interior applies a mop moistened, but not dripping, with a solution of nitrate of silver, ten to twenty grains to the ounce, to each swollen or granular area. If, as is often the case, the membrano-prostatic portion is also granular, he finishes the sitting by instilling, by means of Uitzmann's syringe, eight or ten minims of the silver solution behind the triangular ligament. On the days which intervene between the sittings, the patient is instructed to use an astringent injection, usually of the four sulphates of zinc (thirty to forty grains), alum (thirty to forty grains), iron (twenty

grains), and copper (two grains), to eight ounces of water. The quantity injected should be half an ounce, and it should be retained at least one minute. Regarding the use of internal remedies, he says that in chronic urethritis of the penile portion he has abandoned the use of copaiba, sandalwood, cubeb, etc., finding them more apt to excite indigestion than to cure the urethritis. But when the catarrh is of the prostatic portion, cubeb certainly, and probably sandalwood, buchu and copaiba are valuable adjuncts to local remedies. In ninety cases of chronic urethritis the average duration of treatment before cure was obtained was two and a half months; but this, he adds, included treatment by many different ways.

The treatment indicated is certainly an advance over any possible hitherto, both in the adaptation of means to ends and also in the results achieved. It is not in the power of every one who has a patient with a bad case of chronic urethritis to have an endoscope, but it is possible, in an appropriate case, to divide the meatus, dilate the urethra to its full capacity, locate the inflamed areas pretty accurately with a sound or acorn-headed bougie, and instill astringent lotions so that they will come in direct contact with the affected areas. This is vastly better than the old plan of prescribing an injection and giving the patient copaiba until he is sick.

—*Med. and Surg. Reporter.*

SALOL IN GENITO-URINARY DISEASES.

The popularity of salol as a remedy is slowly increasing with the profession as its antiseptic properties are more clearly recognized in the treatment of various affections with its aid. In cases of disease of the genito-urinary organs it has been found very serviceable by a considerable number of observers, and a report of nine such cases in which it was employed with success is contained in a recent issue of the *Boston Medical and Surgical Journal*.

In the first, ten grains of salol taken three times a day for a week, effectually prepared a susceptible patient to un-

dergo litholopaxy without the occurrence of any unpleasant after-effects, though previously mere examination of the bladder was enough to provoke catheter chill.

In the second case, a gonorrhœa which had lasted for nine months yielded to salol in similar doses, the discharge ceasing in three days, the administration of the drug, however, having been preceded by rest in bed with bland diet for three weeks.

In the third case, also a gonorrhœa of long standing, was cured in a short time by the use of salol, the dose given in this instance being only two grains three times a day.

The fourth case was that of a delicate man, aged forty-three, the subject of gleet and stricture. Catheter chill following introduction of the sound, salol in doses of two and a half grains thrice daily was given, and thenceforward the temperature kept below 99°.

The fifth case was one of stricture and perineal fistula, in which high fever and delirium were completely controlled by salol, ten grains every eight hours.

In the remaining four cases equally satisfactory results in combating the chill and fever produced by catheterization were obtained by the employment of the drug, the quantity given varying under different circumstances from two to five or ten grains per dose.

—*Med. Press and Circular.*

VAGINAL IRRITATION AS A CAUSE OF BLADDER SYMPTOMS IN YOUNG GIRLS.

Dr. Katharine Miller, of Lincoln, read a paper on this subject before the Illinois State Medical Society. She stated that more common even than enuresis among girls is a form of irritability of the bladder, manifesting itself chiefly in an inability to retain the urine in a normal manner. It is often complained of in school-girls, who are obliged to leave the school-room, even between intermissions, in order to pass the urine, else the bladder, spasmodically contracting, empties itself in spite of every effort of restraint. Even with the promptest attention to its demands,

these girls are occasionally subjected to the mortification of wetting their clothing. Oftentimes no complaint is made of any other symptom than this annoying vesical irritability. The condition is more common at the age of six to twelve or fourteen, but may, if untreated, persist indefinitely. Examination reveals an extremely sensitive and hyperæmic condition about the vaginal orifice, and further investigation will show the extension of this tenderness within the vagina. Often this latter investigation can only be made by the use of an anæsthetic, not only because of the small size of the parts, but because of their extreme sensitiveness. Whatever the cause, the treatment must be directed to the removal of the vaginitis, when the bladder will recover its tone. Cleanliness must be enjoined. Not only is careful washing needful, but warm hip-baths are of value. Soothing powders must be dusted on, the vulva being opened as far as possible, and children old enough to understand the aims of the procedure will generally submit to the application, at night, of a small pledget of absorbent cotton, wet with a healing lotion containing pinus canadensis, hamamelis, carbolic acid, or similar remedy, diluted with thin boiled starch. Where the urine is normal, *rus aromatica* has proved a valuable aid in controlling the habit of irritability of the bladder and relieving the symptoms, till the cause can be removed. — *St. Louis Med. and Surg. Journal.*

INOCULATION OF ERYSIPELAS IN DIPHTHERIA.

The *Internationale Klinische Rundschau* publishes an article on the treatment of diphtheria by inoculation with the virus of erysipelas, as practiced by Dr. Babschinski, of Kieff. How Dr. Babschinski arrived at his novel method of treatment is described in the *Lancet*, April 26, 1890. His own son had been suffering from gangrenous diphtheria, and the case seemed hopeless. The diphtheritic process extended to the nares, and the boy scratched himself until ulceration resulted. Erysipelas

supervened round the ulcer and made the prognosis, if possible, still worse. Suddenly, however, the boy became better, and ultimately recovered. Dr. Babchinski subsequently met similar cases; and, concluding that erysipelas is antagonistic to diphtheria, he began to inoculate patients suffering from the latter with the bacteria of the former disease. The inoculation succeeded nearly always, and was performed by means of punctures in the submaxillary region. Fourteen inoculated patients died before the development of the erysipelas, but all others recovered. The patients took no medicine whatever, but the houses in which they lived were carefully disinfected. In every case in which erysipelas supervened spontaneously on diphtheria, the latter disease was mild and the erysipelas was not of a dangerous character.—*Med. and Surg. Reporter.*

SULPHONAL.

J. Lucius Gray, M.D., Superintendent Chicago Sanitarium, in the *Medical Standard* says: Sulphonal has had at my hands a thorough test as to its hypnotic properties, both in hospital and private practice. As a hypnotic, I believe it occupies a place in our armamentarium which can be filled by no other drug. It is especially valuable in those cases of the exhaustion and confusional forms of insanity where sleep has been long delayed, and the mental disturbance is great. Such cases, after prolonged loss of sleep, have invariably secured from two to eight hours upon the administration of a single dose of fifteen grains of sulphonal in hot broth. In cases of agitated melancholia, the effects of sulphonal are even more marked, giving the patient not only refreshing sleep, but exerting a decidedly calmative effect upon the nervous system in general, finally leading to a marked improvement in the mental condition.

Dr. Alexander found the drug of little value in cases of recurrent mania. My experience is directly opposite in one case, where its administration was followed by refreshing sleep and the

maniacal attack which usually is of three months' duration, seemed to be materially shortened, and its severity very greatly diminished.

While sulphonal is of the greatest benefit as a hyponotic in the various insanities, it has yet, to my mind, a far wider and more important use in the treatment of the insomnias which coexist with the various drug habits. It can be said of sulphonal, as of no other drug, that its use by opium, chloral, and other drug habitues is perfectly safe. This is due to the peculiar action of the drug, extending as it does over a long period of time and giving frequently more perfect sleep the second night than the first. This fact alone is a strong *a priori* reason why patients are incapable of forming a "habit" for the drug. The essential features in all habit-forming drugs are the increased dose and frequency of repetition necessary to maintain the therapeutic effects. With sulphonal the reverse is true; after a single large dose the same effects may often be obtained by smaller doses.

To summarize: 1. Sulphonal is a hypnotic, capable of producing natural sleep without perceptible after-effects. 2. From its physiological action it is incapable of producing a "habit." 3. It is of special benefit in exhaustion and confusional forms of insanity, melancholia and the drug habits. 4. In combination with hyoscine hydrobromate sulphonal forms the best treatment yet devised for the insomnia and restlessness of opium habitues. 5. It is without perceptible effect upon digestion.

HOW BEST TO USE SULPHONAL.

Dr. J. M. Taylor (*University Med. Magazine*) says:

In a large experience, public and private, in the use of sleep persuaders, I have never known sulphonal to exhibit those treacherous qualities with which it is accredited. That it is at times ineffective, is the part of all medicaments assuredly; but that it has toxic properties in suitable doses, has not been shown to me in a pretty constant use of it for a year or more past. Nor has my

experimentation been on "healthy individuals," but entirely confined to those whom I felt it might benefit. This it usually did, and not seldom when all else had failed. It is useless to give details of all cases wherein this drug was used by me, but they number not less than forty or fifty, and are worthy of attention because critically watched.

I see the doses quoted by most writers are from twenty to seventy-five grains, given usually at bedtime. The effect was then either *nil*, moderately good, or entirely disastrous. Sometimes the digestion was seriously upset, the circulation depressed, restlessness, intense drying of the skin, or a most disagreeable stupefaction induced on the day or days following.

At the present time the cortical motor centers attract much attention, and if a sick man staggers a bit from weak knees, gastric vertigo, or simple sleepiness, he is accused of having his motor centers directly poisoned. I have seen overdoses—not necessarily large ones—of sulphonal produce in one instance a slight staggering in gait, and if we must look directly to the brain for explanation, would respectfully suggest that the effect here was upon the higher cerebral centers, after the manner of the over-exhilaration of a rich-bodied wine. But at the same time there was a distinct *bienfaisance* there noticeable. Not that this is a common effect of the drug, but in the person referred to, and for whom it was much used, it frequently acted thus.

Many times I have needed to re-arrange the time and size of the dose, often lessening it to advantage, to suit the kind of sleep needed. Some people in fair or in depressed health, fall to sleep quite naturally at the proper time, and awake toward morning. In these it is desirable to give the remedy toward bedtime, to have its tardy effect when needed in the small hours. In some the day restlessness exhausts the power to slumber, and day doses are enough. Watchful heed is needed to find the effect desired, and a little care will suffice to meet the exigency.

Let us consider a reasonable rule to guide in the use of this drug. As a

motor depressant it will be found of value to give small doses of ten (or better, five or seven) grains, and after food, twice or thrice a day. As a hypnotic, the same dose, beginning in the early afternoon, at intervals of two hours, and continue until a couple of hours before the sleeping time; say at 4, 6, and 7 o'clock p.m. If this be not effective, then begin at 2 o'clock, or add a couple of grains to each powder; very rarely will four powders of ten grains each fail, and more rarely four of twelve and a half or fifteen grains.

In the night wakefulness of typhoid fever, when ten grains do not suffice, three powders of five grains each will sometimes do. It seems best given in milk or a little soup. Its very slight solubility, and almost tastelessness, will permit of its being used in practically any vehicle, but best with or soon after food.

Of course there is far less trouble in swallowing a big dose down at once and having done with it. Moreover, if it be demonstrated in future that sulphonal should only be given, as I advise, in oft-repeated smaller doses, and this be found annoying, there are, doubtless, many other drugs which may be selected.

My feeling is, however, that in sulphonal we have a weapon which very often is effective where others fail, and freer from objectionable properties than many.

LYSOL; A NEW ANTISEPTIC.

Gerlach (*Centralblatt f. d. Gesamte Therapie*, July, 1890), writes of the new coal-tar product, lysol, that it surpasses creolin and carbolic acid in germicidal powers; that it is less poisonous than either creolin or carbolic acid; that its composition is constant; that it is soluble in any proportion of water, and that even weak solutions are strongly antiseptic. For the treatment of wounds, Gerlach considers that a 1 per cent. solution is sufficiently strong, and that for internal use solutions of half this strength are sufficient.—*Phila. Med. News*.

THE RELATION OF MASTICATION TO PHYSICAL DEVELOP- MENT.

Everything which influences the health of the people is of interest to physicians, and no question more important than dietetics could engage the attention of such a representative body as the American Medical Association. No one could understand the powerful influence which improper food is capable of exerting upon physical development so well as they, and this subject deserves the especial study of American physicians who are desirous of seeing a healthy and vigorous race grow up in this Western Hemisphere. De Toqueville said that the white race in this continent is doomed to extinction. If this ever comes true, it will be because of the long-continued neglect of some of the simplest rules of physiology.

That there are at the present time a large number of adults with imperfect teeth is a well-known fact. Poor teeth means poor mastication, poor digestion, poor health, and poor physical development. The early loss of teeth among the people of this country is explained by the unscientific habits of feeding generally practiced among young children. Where the infant is brought up on pap and pre-digested foods the function of mastication is not required. As a result of want of use, the jaws imperfectly develop; the arch is narrow and the teeth are crowded and irregular. Nature does not reduce the number of teeth, but she attempts to force thirty-two teeth into jaws that have only room for twenty-four, and the quality of the teeth is not up to the standard, so that they readily commence to decay. When the child has grown up, it is too late to prevent the mischief. The decay of teeth is more due to insufficient nourishment than to injury or defect of the enamel.

The rational means of preventing the state of affairs just referred to is to commence early, and give the child food that requires mastication. The result will be increased function of the gums, teeth and salivary glands, and of the masticatory muscles, and the full devel-

opment of the lower part of the face, with a corresponding improvement in the appearance of the man. In the average family the questions of diet are relegated to the cook, whose study seems to be to provide food which is so soft as not to require to be chewed, and is accompanied by large quantities of coffee, or tea, or ice-water, which takes the place of the salivary secretions. The evil effects of this system of feeding can be seen on every hand. The remedy suggests itself.

Mastication is the most important step; by it the food is reduced to a pulp and is thoroughly incorporated with saliva. The act of chewing also stimulates the flow of the gastric juice, and is necessary to perfect stomach digestion. General health of the body depends upon digestion and assimilation of sufficient food of proper character, but no matter how a man regulates his diet he cannot altogether overcome the evils of his early training in this direction. Just here we are confronted with a danger which strikes at the very life-blood of the nation, and is already sapping its strength.

If the proper care be observed in rearing children and giving them sound, wholesome food requiring the use of their masticatory muscles, there is no reason why a superior race of men might not be developed, just as we raise the fastest horses and the finest cattle in the world. The appeal is made to physicians especially, to see that the glorious birthright of the American citizen is not bartered away for a mess of pottage or other soft food.

By pursuing the plans adopted by the ancient Greeks, we might not only equal their achievements, but even surpass them in physical development and personal beauty.—Wood, *Dietetic Gazette*.

HOW THE CEREBRAL CONVULSIONS ARE PRODUCED.

Physiologists have been much worried to explain the formation of the cerebral convulsions. These, it has generally been assumed, are associated with, and indicative of, a higher intel-

lectual organization, but the doubt is cast upon the correctness of the assumption by a comparison of the brains of different animals. The beaver, for instance, is a small but exceedingly intelligent animal, yet its brain is remarkable for its smoothness, while the stupid sheep has a brain that is as remarkable for its convolutions. A theory that will not explain such discrepancies is not one which commends itself for adoption. Mr. D. J. Cunningham, of Dublin, in a communication addressed to our contemporary *Nature*, brings into evidence the theory of Zelgersina, who explains the convolutedness or otherwise of the brain on mechanical grounds. The grey cortex of the cerebrum, which in different forms of the same animal group preserves a tolerably constant thickness, increases by surface extension. If we extend the surface of a smooth-brained animal say four times, eight times as much white matter will be required to fill the interior of the grey capsule if the surface is to remain smooth, in virtue of the geometrical law that in the growth of a body the surface increases with the *second*, but the interior with the *third* power of the radius. As the proportion between the amount of grey and white matter is tolerably uniform, it is evident that as the size of the animal is increased, a disproportion between the white and the grey matter must result unless their arrangement is modified. This modification consists in the formation of convolutions whereby the surface area is kept *en rapport* with the contents. Consequently, "the formation of the convolutions and fissures is simply the result of a tendency on the part of the superficial layer to increase by surface extension, and of a mutual space-accommodation of the grey substance and of the white conducting matter." This explanation was independently deduced on mathematical consideration by Prof. Fitzgerald, who has even been able to go a step further and explain why the fissures and convolutions should, within certain limits, assume the same formation. It is obvious that surface extension cannot be uniform, since the local surface area depends upon the functions which the

areas involved have to perform, therefore, if a given area of grey matter increases more than the surrounding parts, it must pucker out.—*Med. Press and Circular*.

LATENT LIFE—A NEW BIOLOGICAL DISCOVERY.

Prof. Ranvier, gives the following discovery in general biology made by him with the aid of his new technique: "It is a well-known fact," says he, "that the tissues of the mammals, twenty-four hours after death—that is to say, after the abolishment of respiration, circulation and innervation—no longer present physiological reactions. It is a fact, nevertheless, that anatomical elements removed from the animal prior to this extinction and preserved under certain conditions, retain life at the end of forty-eight hours. I was able to demonstrate the truth of this paradoxical proposition by the following experiment. From a rabbit which I was about to decapitate for another purpose, I removed by the aid of a pipette, thoroughly sterilized by heat, a drop of peritoneal lymph which I placed on a moist-chamber slide likewise previously sterilized. I closed the preparation with melted paraffin and put the slip in my laboratory, where the temperature was between 50° and 60° F. At the end of forty-eight hours, having placed the preparation in the warm bath, I saw a great number of the lymph cells still putting forth amœboid prolongations, by means of which they moved from point to point. Before raising the temperature these cells were spherical and immobile. They were therefore then in a state of latent life, a sort of hibernation from which heat alone was necessary to evoke them."—*St. Louis Med. and Surg. Journal*.

NERVE RESTORATION.

Dr. Glück reported a case before a medical society lately of a man who was stabbed on the outside of the forearm with a table knife in August, 1887. The wound was treated in the usual way, but in September complete

paralysis of the parts supplied by the radial nerve was found to have taken place. An attempt was then made to reunite the ends of the divided nerve. After careful search for the peripheral and centripetal ends, it was found that they were five ctm. apart, and that they could not be brought together by any possible means. The ends were then freshened and loosened from their surroundings, and indirectly united by means of catgut loops. Healing took place in ten days. Electrical treatment was then carried out under the direction of Prof. Bernhardt. In the course of a year complete restoration of function had taken place, which the speaker observed could only have been effected by actual growth of nerve elements along the tract of the catgut threads.

—*Med. Press and Circular.*

RESORCIN IN EPITHELIOMA OF THE FACE.

Dr. Mario Luciani reports (*Riforma Medica*, July 3, 1890), two cases of "cutaneous epithelioma" in which he claims to have effected a complete cure by the application of an ointment containing resorcin. In one case the patient, a healthy woman, aged 55, had a small red nodule on the forehead for four years. It then began to grow larger and became ulcerated, the ulcer having hard borders and a foul base, and being very painful. As the disease was spreading and the patient would not hear of anything in the nature of a surgical operation, Dr. Luciani directed that an ointment composed of thirty grammes of resorcin to one hundred grammes of vaseline should be applied once a day to the ulcerated surface after previous cleansing with a 2 per cent. watery solution of borax. In a month the ulcer assumed a healthy appearance, its edges softened, and the burning and shooting pain formerly complained of ceased. After three months' further continuance of the treatment the ulcer completely healed. The second patient was a woman, aged 60, who for about a year had noticed a small lump on her upper lip near the corner of the mouth on the right side. Ulceration took

place, and the course of events was similar to that in the previous case. The same treatment was followed by an equally happy result. While Dr. Luciani is to be congratulated on his success, some doubt may, perhaps, in the absence of microscopic or other conclusive evidence, be expressed as to the true nature of the disease with which he had to deal.

EPITHELIOMA OF THE LIP.

This case is one of epithelioma of the lip, or the so-called "smoker's cancer." To have a cancerous affection we must have an irritant and a predisposition to cancerous growth in that spot. The great similarity to tuberculosis puts us on the track that we must hunt for its etiology.

The question of etiology of cancer is now in just the same condition that tuberculosis was twelve years ago. When is the most favorable time to operate on epithelioma? From the moment you have convinced yourself that there are epithelial cells that have a tendency to return if removed, it is an indication that you have not removed the cause. Remove it before metastasis or infiltration of the neighboring lymph glands are invaded.

If you have infection of the glands, they all present the same appearance as if they had been infected secondarily from true carcinoma. The sooner the true epithelioma is removed the less is the chance for a general infection. Happily, in this case I have not detected any infiltration of the glands. Cut away sufficient tissue to satisfy your own mind that all diseased tissue is removed. Simple compression will stop the hemorrhage, and when the sutures are applied it will be entirely controlled.

—LAPLACE, *Times and Register.*

KOCH (*Weekly Medical Review*) uses the following prescription in the treatment of erysipelas:

R Creolin,	1 part.
Iodoform,	4 parts.
Lanolin,	10 " M.

This ointment is painted on the diseased parts by means of a soft brush and covered with gutta-percha tissue.

THE CINCINNATI LANCET-CLINIC.

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Cincinnati, August 23, 1890.

The Week.

MEDICAL STUDIES.

The natural trend of the human mind is to make comparisons of the past with the present and future, and with very many the memories of the good old days of their childhood, youth and early manhood, are as sweet morsels to be frequently rolled over and over again until the worst of times and occasions are made to appear as the greenest spots in their lives, veritable oases.

The practice of medicine is remembered as a simpler science than that of the present day. Bills were larger, and there was less competition. Those memories were tricksters, for when we get right down to a study of the records as they were written at the time, we do not have to go very far back to find that personal antagonisms, hatreds and animosities were much more the order of the day than at present.

Professional literature was much more scant than at present, special observations made and lessons learned were all too often allowed to die with the observer, consultations were avoided, the whole tendency of the times in-

clined in the direction of a selfish cultivation of a personal individuality. This policy took form and expression in the creation of numerous medical schools, in which there was a pivotal center in one man; the other members of the faculty were as moons revolving around a sun. Professional work was purely traditional and empirical. As the years rolled round, men who were destined to shine as suns became more numerous, so that combinations had to be made. This engendered an ambition that led to study and observation; scientific research became, as it is to-day, the great travelled thoroughfare to the castle of professional reputation. Books and journals have multiplied, furnishing avenues for the continuous transmission of acquired knowledge. Colleges are fitted with costly laboratories; teachers, lecturers and professors, are now engaged, who are as enthusiastic over the use and revelations of the microscope and other instruments of precision, as ever a German university professor was over the properties of a Greek accent.

The colleges are so alive to the work they have in hand, that they have, with wonderful unanimity, enlarged the curriculum and extended the required course of study not only to four years, but made the annual session to consist of seven to nine months of college work. This is to be preceded by a preliminary examination as to suitable scholastic attainments.

These are the longest strides that have been made by the schools for a third of a century, and they are so important as to make them a theme of commendable comment by every man who has the interests of his profession at heart.

College outfits, in the way of laboratories, are anything but barren idealities. So much is this the case, that it seems as if the day for the conception

and bornin' of new colleges is nearly at at end. While a few of those that now exist must succumb to the inevitable hand of fate, which finds expression in "the survival of the fittest," the survivors must of necessity be liberally endowed. Professorships cannot be awarded to this or that man because of his financial ability to take so much college stock, but his ability to successfully instruct a class of students as proven by a test of service in minor positions in the laboratory, dead-room and at the bedside, will be the key that will swing wide open the door to a professor's room and chair.

In this city there are a score of the very brightest young men that may be found anywhere, doing this very work, and the day is sure to come when their labors will bring the justly expected, the long hoped for reward.

That these young men may be enabled to do their best work, to make their researches and investigations valuable, fellowships, scholarships and professorships, must be endowed, and that liberally.

It was our pleasure in a recent issue to note the beginning of such a work by Dr. Lomax, in our neighboring city of Indianapolis. This act alone will boom the standing and science of medicine more than anything that has ever been done in the State of Indiana. It will show to the entire people this man's appreciation of the educational wants of his own profession in his own state. To this gift of his will be added, by magnetic accretion, special endowments for special chairs and laboratories.

Such men must be sought for in this city, and the necessities of the occasion laid before them. No more imperishable monument can be erected to the memory of any man, than the creation of a well and perpetually endowed

scholarship, fellowship or lectureship, in an institution that is already firmly established. Such memorial monuments never decay or go to ruin through neglect, but are continuously kept bright by the rubs they receive from studious minds.

It goes without saying that there are as good schools in this city as may be found anywhere at this time, but as evolution in educational methods takes place—and they are always so burdened with financial accompaniments as to make it plain to see that if our colleges are to keep pace and place in the grand educational procession that is marching along—a Lomax must be found.

All the other necessary elements are here, and await the coming of a Lomax and a leader who will be a moulder to shape the good work into one grand and harmonious structure.

THE third semi-annual meeting of the South Western Ohio Medical Society will be held in Cincinnati, Thursday and Friday, October 16 and 17, 1890. Gentlemen expecting to read papers or desiring information, please address the Secretary, Dr. W. W. Hall, Springfield.

DR. F. G. SCHMIDT, a prominent German physician of this city, died of pneumonia, August 18.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending August 16, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping- Cough.		Diphtheria.		Croup.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
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Public In- stitutions.....											1
Totals.....	2		5		1		14	3	2	1	4
Last week.....			9		3		24	2		1	12

The following is the mortality re-
port for the week ending August 16,
1890.

Alcoholism.....	3
Croup.....	1
Cholera Morbus.....	1
Cholera Infantum.....	4
Diarrhoea.....	2
Diphtheria.....	3
Enterocolitis.....	2
Typhoid Fever.....	4
Other Zymotic Diseases.....	6—26
Consumption.....	5

Other Constitutional Diseases.....	3—8
Apoplexy.....	3
Bright's Disease.....	4
Bronchitis.....	2
Disease of Liver.....	4
Meningitis.....	4
Peritonitis.....	4
Pneumonia.....	6

Other Local Diseases.....	18—45
Deaths from Developmental Diseases.....	11
Deaths from Violence.....	6

Deaths from all causes.....	96
Annual rate per 1,000.....	15.36
Deaths under 2 years.....	28
Deaths under 5 years.....	33
Deaths for corresponding week of 1889....	115
Deaths for corresponding week of 1888....	117
Deaths for corresponding week of 1887....	122

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the
Ohio State Board of Health in 102 cities
and towns during the week ending
August 16, 1890:

Diphtheria: Cincinnati, 14 cases, 3 deaths;
Dayton, 11 cases, 2 deaths; Defiance, 9 cases, 1
death; Columbus, 6 cases, 2 deaths; Cleveland,
4 cases, 1 death; Mansfield, Wooster, and West
Jefferson, each 2 cases; Tiffin, 1 case.

Scarlet Fever: Circleville, 13 cases; Colum-
bus, 9 cases, 1 death; Cleveland, 6 cases; Cincin-
nati, 5 cases; Toledo, 3 cases; Chagrin Falls, De-
fiance, Akron, and Ravenna, 2 cases each; Alli-
ance, 1 case, 1 death; Tiffin, Versailles, Cam-
bridge, and Shawnee, each 1 case.

Typhoid Fever: Cleveland, 10 cases, 7 deaths;
Eaton, 6 cases; Uhrichsville, 4 cases; Cincinnati,
4 deaths; Washington C. H. and Springfield, each
3 cases, 1 death; Flushing, Celina, Marysville,
Perrysburg, each 3 cases; Glendale, 2 cases, 1
death; Salem and Bainbridge, each 2 cases; Colum-
bus, 2 deaths; Lorain and East Liverpool, each 1
case, 1 death; Cedarville, 1 death; Mt. Vernon,
New Concord, Oak Harbor, Middletown, New
Washington, Sabina, Arcanum, Bloomville, Ches-
ter Hill, Mansfield, and Chagrin Falls, each 1
case; Chicago, 1 case, 1 death.

Measles: Springfield, 8 cases; Cincinnati, 2
cases; Columbus, 1 death.

Whooping-Cough: Rocky Ridge, 30 cases;
Sidney, 4 cases; Perrysburg, 2 cases, Cincinnati
and Chagrin Falls each 1 case.

No infectious diseases reported during the
week in the following towns: Aberdeen, Ada,
Bedford, Bluffton, Clifton, Clyde, Coshocton, E.
Palestine, Fostoria, Fremont, Gambier, Geneva,
Glouster, Kent, Leetonia, Linwood, Lockland,
Logan, McComb, Mentor, New Lisbon, New
Paris, New Richmond, Norwalk, Smithville,
Springboro, Upper Sandusky, W. Milton, W.
Salem.

C. O. PROBST, M.D., Secretary.

MEDICAL MISCELLANY.

A REPORT ON MEDICAL
CHEMISTRY:THE RECOGNITION OF BLOOD IN MEDICO-
LEGAL INVESTIGATIONS.

For the extraction of blood-stains, Klein (*Zeitschrift für Analytische Chemie*, 1889, page 389) recommends water saturated with carbon dioxide (Struve's process) as giving the best results. The stained spot is cut out, placed in a test-tube with two to three cubic centimetres of distilled water, and treated with a slow stream of carbon dioxide. Stains which are only a few hours old are usually completely extracted in five to ten minutes; those up to one month, about thirty minutes and those six to eight weeks old, from thirty minutes to one hour. Whitish or yellowish masses of fibrin are left unaffected. The clear, yellowish or brownish colored solution thus obtained is examined spectroscopically. In the case of stains extracted immediately after drying, the two absorption-bands of oxyhæmoglobin in the yellow and green portions of the spectrum are alone visible. If the spectrum is shaded up to the red, the methæmoglobin band in the red is easily recognized. The intensity of the absorption-band in the red increases with the age of the stain, and in stains fourteen days to one month old it is nearly as intense as the bands in the yellow. Stains five or six months old give solutions in which the band in the red is, at times, the only one visible; and this was always the case in stains six to eight months old. Such old stains, after treatment with carbonic acid water for some hours, still leave behind a brownish-colored residue which, freed from adhering fluid by means of blotting-paper, gives up to glacial acetic acid or to ammonia after about ten minutes treatment a brown coloring matter whose acid solution in thick layers shows plainly the absorption-band of acid hæmatin. Both the ammoniacal and acetic acid solutions, when treated with ammonium sulphide and twenty per cent. soda solution in

slight excess, give the spectrum of reduced hæmatin.

Solutions of old blood-stains in carbonic acid water, which have a reddish-brown color and show the methæmoglobin band in the red, are immediately changed by treatment with an aqueous solution of hydrocyanic acid (1 to 2 drops of a 1:1000 solution, or 12 to 15 drops of a 1:10000 solution). The solution has a reddish tinge and on spectroscopic examination only the bands in the yellow and green are visible; the methæmoglobin band having disappeared. In place of this is a faint shading of the spectrum between the positions of the two oxyhæmoglobin bands. Solutions of fresh blood-stains are apparently unchanged by hydrocyanic acid. The action of hydrocyanic acid possibly affords a means of determining the age of a given stain. For this purpose, the relative intensity of the absorption-bands in the red and green is determined; the band in the red is then obliterated by the action of hydrocyanic acid; the solution is then examined in a layer so thick that the violet end of the spectrum is shaded, when a conclusion may, perhaps, be drawn, in regard to the amount of unchanged oxyhæmoglobin, from the intensity of the bands in the yellow and green portions of the spectrum. Solutions in carbonic-acid water which show the absorption-bands of oxyhæmoglobin give, on careful treatment with ammonium sulphide, the spectrum of reduced hæmoglobin. If this solution is shaken with air the oxyhæmoglobin bands again appear. Finally, if a few drops of soda solution are added, the spectrum of reduced hæmatin is obtained.

If the stain cannot be removed by scraping, one can, after the spectroscopic examination, precipitate a small portion of the carbonic-acid solution with suitable reagents; for example, chloral hydrate, zinc acetate or tannin, and employ the precipitate for the production of hæmin crystals. The author has made a special investigation of the process recommended by Ferry de la Bellone (see *Boston Medical and Surgical Journal*, April 4, 1889): The carbonic-acid solutions gave immediately,

upon the addition of chloral solution, a rose-colored turbidity and later a similar rose-colored precipitate, which settled completely after some hours. A drop of this precipitate gently warmed on a glass slide furnished a coagulum in which, after treatment with fuchsin and acetic acid, numerous blood-corpuscles were detected on microscopic examination. A test for hæmin crystals was equally satisfactory. A small quantity of the precipitate dissolved in ammonia and treated with a few drops of a solution of ferrous sulphate and tartaric acid gave a solution which exhibited plainly the absorption-band of reduced hæmatin. An acetic acid solution of the precipitate furnished an equally satisfactory absorption-band of hæmatin. The chloral precipitate dried over sulphuric acid in a dessicator and kept for six months, furnished, on proper treatment, hæmin crystals and the spectra of hæmatin and acid hæmatin as satisfactorily as did the original moist precipitate. The precipitate obtained by the addition of zinc acetate to a carbonic-acid solution of blood-stains furnished, on proper treatment, the spectrum of hæmatin in acid solution and of reduced hæmatin; but, did not, as a rule, afford hæmin crystals.

If the fibrine left after extraction with carbonic-acid water is submitted to the action of water saturated with carbon dioxide for twenty to twenty-four hours and the residue is then examined microscopically, it is possible at times, especially if the blood is dried in a thick layer and not on a porous surface, to recognize the blood-corpuscles, normal in shape and size. These could be satisfactorily measured after they were treated for ten to twenty minutes with a one or two per cent. solution of perosmic acid, or after they were colored with an aqueous fuchsin solution. An excess of the fuchsin solution can be removed by washing with water containing carbonic acid. The diameter of blood-corpuscles from stains varied after this treatment, in human blood between 0.00748 and 0.0078 mm., in the blood of the ox between 0.00592 and 0.00624 mm.

In the case of stains more than six

to eight months old from which carbonic acid fails to remove the coloring matter, other solvents may be employed; for example, dilute soda solution, acetic acid, etc.

The author describes experiments in which the foregoing process with unimportant variations was employed. In one of them some coarse sand was mixed with five per cent. of blood and examined ten years later with satisfactory results. — WM. B. HILLS, M.D., *Boston Med. and Surg. Journal*.

A JOURNALISTIC "FAD."

Seven new medical journals have lately been started in the interests of as many medical colleges. Other colleges in self-protection must follow, so that we are entering upon an epidemic of new medical journals of large proportions. It would seem as if we would soon have a medical journal for every medical college, and every hospital and dispensary. If to these we add the publications of the several medical societies, a bewildering mass of medical literature will lie before us in quantity appalling to the most diligent student of medical science.

The reasons for this new departure are not far to seek. One large institution, ambitious to advance more solidly in the direction of making its influence felt in the profession, started a medical journal. From its own ranks it was able to fill this with valuable contributions. Its effects were noticed by other institutions, and, seeming desirable, they also started similar journals. Thus the stream started and grows as it rolls onward.

That these journals are for other purposes than medical journalism is apparent from the fact that they are sent to the profession either free or for nominal sums. This can be done, as the object is not to make the journals pay in and by themselves, but rather to promote the interests of individual institutions and those connected with them.

What the outcome of this move shall be no one can certainly tell. Clearly, however, it will continue so long as the separate institutions find that it pays.

But it would seem as if the pay would diminish in proportion as the practice became more and more general. It would seem also that in many instances it would be difficult to secure the needful material of suitable quality for any great length of time.

In all cases it will, after a time, become a tiresome labor. Thus, for reasons of a personal nature, most colleges will drop these publications, and utilize those already established for the publication of their work. They will ascertain that even their personal ambitions are attained more easily without a college organ. They will find that the labor of teaching satisfactorily, added to the cares of a large practice, consumes so much energy that little is left for the cares of medical journalism. Thus the cycle will be complete and medical journalism will return more completely to those devoting most, if not all, their attention to it.

It is as desirable that medical journalism be accounted a specialty of medicine as is ophthalmology, etc., and we shall hail every indication of progress in this direction. The "fad" to which we have alluded is simply another step in the path leading to it.—*American Lancet*.

A DAMAGE SUIT.

Dr. Cruikshank, of Brooklyn, N. Y. (*Brooklyn Med. Journal*) has recovered sixteen hundred dollars damages from the father of a patient of his. The parent discharged the doctor, but besides reported through the neighborhood that the doctor had treated his child for malaria when he had a different disease, also that the child would have been killed had not another doctor been called in. Besides he affirmed that the doctor was generally incompetent as a physician. The decision of the lower court was affirmed by the Supreme Court. This court affirmed that the physician need not prove the damages sustained as this would be impossible, but the slanderous language being uttered, the damage resulting therefrom may be assumed. This is an important case. Cases like it could be brought by the

hundred in any considerable sized city. As a fact these slanders usually originate from the doctor called after the first one has been dismissed.

NUTRITIVE QUALITIES OF OYSTERS.

Speaking roughly, a quart of oysters contains, on the average, about the same quantity of active nutritive substance as a quart of milk, or a pound of very lean beef, or a pound and a half of fresh codfish, or two-thirds of a pound of bread. But, while the weight of actual nutriment in the different quantities of food named is very nearly the same, the quality is widely different. That of the very lean meat or cod-fish consists mostly of what are called, in chemical language, protein compounds or "flesh formers" — the substance which makes blood, muscles, tendon, bone, brain, and other nitrogenous tissues. That of the bread contains but little of these, and consists chiefly of starch, with a little fat, and other compounds which serve the body as fuel, and supply it with heat and muscular power. The nutritive substance of oysters contains considerable of both the flesh-forming and the more especially heat and force-giving ingredients. Oysters come nearer to milk than almost any other common food; their value for supplying the body with material to build up its parts, repair its wastes, and furnish it with heat and energy would be pretty nearly the same.

—*Century Magazine*.

ABUSE OF PURGATIVES.

Professor Sanger, at a meeting of a medical society at Leipzig, spoke very strongly on the abuse of purgatives. He complained that not only did the public buy immense quantities of aperient pills, draughts, and waters, but that practitioners also pandered disgracefully to the craving for instantaneous relief from constipation, so common amongst patients. Quack laxative medicines were advertised in every newspaper, on walls, in stations, and on the trees and rocks in romantic districts of

Europe frequented by tourists. The competition in invention of a new secret purgative was very keen. In this respect, a Polish doctor was not wise in his generation. This gentleman who, according to Dr. Sanger, appeared to have no special anxiety about his patients' vermiform appendages, prescribed gravel, and boasted that he had already prescribed whole cartloads; but a drug which anybody could scrape up in his garden could not be patented, and therefore would never gain the confidence of the public, who love mystery in purgatives as in other matters. Professor Sanger said that the abuse of these drugs caused, not habitual constipation, but rather "artificial constipation." The evil was most prevalent amongst women with chronic pelvic diseases, real or imaginary. He ordered, in such cases, that all purgatives be discontinued. He never had bad results, even when constipation lasted for over a week. Belladonna was the only drug he ever used when flatulence, etc.; set in, and when the constipation lasted for very long. He objected to dieting, which kept up a pernicious feeling of invalidism, and, finding that the patients drank little water, he made them take several glasses of filtered water daily, when fasting; occasionally whey or buttermilk was given as a change. Fruit, brown bread, and exercise were recommended. Professor Sanger found this treatment far better than massage, visits to watering places, enemata, and other familiar means to the same end. In the long run his patients had natural actions of the bowels, and were cured of their invalidism.

—*British Med. Jour.*

THE SPANK CURE.

The *Chicago Inter-Ocean* remarks, quaintly but sensibly:

"Among the good old customs which are falling into disuse, that of spanking the coming generation into behaving itself is leading the procession. There are no such spankings now as there used to be in my time, and I am sorry for it. Things in the spank

line are certainly degenerating, along with the drama, the flavor of strawberries, and phenomenal weather, as the years go by. Children just entering the heated, base-burning epoch of spankhood now have 'nerves,' and must be humored. They get to balking and skulking, and the family physician is called in when the good old housewife remedy of a warm application of slipper is all that is needed.

"The spank cure is not appreciated in this generation as it was in the last. Looking back on a stormy and tempestuous career in the wood-shed with Jones *pere* at the helm, I now feel like writing him a kind and encouraging testimonial on the efficacy of his unapproachable spank treatment, although at that time I felt more like kicking him in the shins, and I regret to say, sometimes so gave vent to my emotions."

A MIRACLE OF ENDURANCE. — "Wonderful, wonderful! The endurance of man, in some cases, is almost beyond comprehension!" This was muttered the other day by a distinguished ecclesiastical missionary on seeing an ophthalmic surgeon extract a cataract without the least flinching on the part of the patient, who had previously calmly walked into the operating theatre and laid down on the table. A smile went round the theatre, for the eye operated on was under the influence of cocaine. But the missionary did not know this, and he thought he was beholding a miracle of human fortitude.

LEARNED AND SENSIBLE. — It is related of Rousseau, that on being asked the difference between a learned and sensible man, he replied that a learned man saw everything *behind him*, and a sensible man saw everything *before*.

—*Med. Press and Circular.*

OBSTINATE INSOMNIA.—A case of obstinate insomnia yielded promptly to the beneficial influence of Peacock's Bromides. One ounce taken in thirty-drop doses at bed time effected a permanent cure. The patient is now in good health, now two months since last dose. I shall continue to prescribe it in similar cases, and am very much pleased with its action in every case in which I have used it.

L. M. WRIGHT, M.D., New York.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

A PAPAL JOKE.—Prosper Lambertini, Benoit XIV., was a Pope full of humor and gay jokes, and he sometimes indulged in pleasantries even at the expense of his physician. Lucini was the name of this doctor, who, besides his zeal for medicine, was a great student of geography. The Pope was a great friend of Cardinal Gretano, who suffered terribly from hemorrhoids. One day Gretano went to visit his Holiness, and the successor to Saint Peter said: "Cardinal, how are your piles?" The Cardinal laughingly replied: "*My map of the world is improving.*" The next day the Pope sent for Dr. Lusini and remarked: "Lusini, you believe you know all about curious maps and geographical history, but let me tell you that Cardinal Gretano has a map of the world that is unsurpassed by any collection." The physician was delighted and exclaimed: "Can it be possible, your Holiness, that Gretano possesses such a treasure?" To which the Pope answered: "Yes, the Cardinal's map of the world must be a most beautiful sight to see. Go to him at once. Here is an order from me to examine the Cardinal's map." Dr. Lusini made post haste in search of Gretano, whom he found in bed. The doctor gave the Cardinal the order from the Pope saying at the same time: "It is very good of his Holiness, is it not? You must show me the map, Cardinal." Whereupon Gretano turned the nether portion of his gluteal anatomy up from the bed clothes saying: "There, Doctor, examine the map as long as you please." At this act, and the spectacle presented, Dr. Lusini stood petrified at first, then bounded from the apartment in rage. Then going directly to the Pope he complained of what he considered a

deadly insult, while he overwhelmed the successor of Saint Peter with reproaches. But his Holiness only laughed and laughed until his sides ached and the tears ran down his cheeks.

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INFLUENCE OF ENGLISH FLESH ON CANNIBALS.—The power of the English in exotic countries, and the skill with which they manage to establish colonies on Cannibal Isles when other European nations failed, is now understood. In fact, English flesh is always filled with saturated rhubarb and other laxative substances, which produce in the cannibal pains in the stomach and a profuse diarrhœa. The latter is often so violent as to inspire the savages with abject terror, which soon changes to a feeling of respect for the English. A cannibal will not touch even such a sweet morsel as a constipated English missionary, but give him an American Bible Society man, and the savage will devour him, hymn book and all, without ill effects. This is why our English neighbors are such triumphant colonizers when other nations fail.

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AN ARGUMENT IN FAVOR OF HYDROPATHY.—Calino was boasting one day of the advantages of hydropathy. "Nothing is better or easier to take than hydropathic treatment!" exclaimed its advocate. "It strengthens the body of man, and doubles his life."

"But our forefathers did not use such treatment," expostulated a bystander.

"That's true," retorted Calino, "they did not use hydrotherapy, but all our forefathers are dead, are they not?" The argument was deemed conclusive by the wise men of the assemblage.

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BISMARCK AND LORD RUSSELL.—One day Lord Russell made a visit to Prince Bismarck in his palace on Wilhelmstrasse. This was at the time these worthy diplomats were intimate. During the conversation Lord Russell said to Bismarck: "You must often be visited and importuned by bores who prolong their calls. Pray how do you get rid of such people?" "Ah," said

Bismarck smilingly, "my old woman, or rather I should say my wife, the Princess, enters at a private signal and makes a pretext to call me out of the room." As he spoke the Chancellor blew his nose violently. The door opened suddenly and Bismarck's wife entered and addressed him thus: "Thou knowest, Toto, (Bismarck's name is Otto) that it is time to take thy medicine." Tableau. Happily Lord Russell commenced to laugh, but soon arose and left, thus permitting the old Chancellor to take his medicine.

* * *

MAXIMS.

"There is no blow that is agreeable, but a blow on the nose is the most disagreeable of all blows."—[*Edmond, About a Notary's Nose.*]

"Doctor, your maiady, at its first start; If you wait, in vain is medical art."
—[*Orid.*]

"To be healthy, one must eat spices in food."—[*Le Fam Fam.*]

In order to not be disappointed in medicine, one should consider every new client as a future enemy or at least as an indifferent friend.

The abuse of alcoholic drink leads to liver disease—to cirrhosis, which interferes with the circulation and induces dropsy; from hence that aphorism that appears to be a paradox: "*Those who drink too much wine shall perish by water.*"—[*Witkowski.*]

"Who soberly doth drink and eat,
Will certainly his grandchild meet."
—[*Journal de Rire.*]

"A repast without cheese, is a *belle without an eye.*"—[*Brillat Savarin.*]

"One of the good characteristics of ophthalmic goitre, is the bad character of the disease."—[*Dr. Germain See.*]

"Patients must often have but little need of medicine, but should know how to live."—[*Lizzet Benancio.*]

"Hunt for laughter and meat that bleeds,
Avoid a grave man and one succeeds."
—[*Le Tintamarre.*]

"Be gay, exercise, and indulge in no excess; you can mock me," said an old doctor.

"Sobriety gives a healthy spirit and a vigorous body."—[*Alibert.*]

"When the young are wakeful, and the old sleep, death is near."

"A food well masticated is half digested."

"Cheese in the morning is gold; it is silver at noon, but eaten at night it is lead."

"Hope often cures; and the wish to be cured is half the cure."—[*Ambroise Paré.*]

* * *

A TRUE ECLECTIC.—A young man, poisoned by a shaft from a dissolute Venus, went to consult a physician, who asked him by what method he wished to be treated, homeopathic or allopathic. "Which cures the quickest?" demanded the patient. "The allopathic cures the speediest, but costs the most," replied the medical man. The patient paid the highest fee and recovered. Sometime after a friend of the patient desired treatment and went to consult the same doctor, who again asked which school of treatment was desired, the allopathic or homeopathic. "Treat me as you wish, but cure me quick," said the patient, "still I cannot see, however, how you can cure more speedily by one method than the other, but I will choose homeopathy." "Ah!" cried the physician, "that makes you an eclectic, if you choose homeopathy, and the fee will be thrice as great." Answered the sufferer: "Well, if the eclectic is the speediest and best, you can try that on me immediately." And paying his fee in advance, he was soon cured of his imaginary malady.

* * *

CHRONIC ELEGANTIASIS.—Roger de Beauvoir was the type of French elegance. On one occasion he was appointed on a commission interested in the affairs of Palestine and the Holy Land. This commission met at a monastery filled with friars, who knew little of the manners and customs of the outer world. When Roger de Beauvoir arrived at noon, he wore lilac gloves. At 4 p.m. he changed his lilac for a yellow pair of kids, and in the evening he appeared in white kids. The Father

Superior of the convent, noticing these rapid changes, and knowing nothing about fashion or kid gloves, demanded of Dr. Deschamps: "What disease has our good friend Beauvoir? His hands change color three times a day."

"Ah!" said the physician, "Beauvoir's case is one of *chronic elegantiasis*."

RICORD'S STORY.—Ricord dined one day at the home of the Duke DeA. In the midst of the repast, the guests discussed a delicate operation recently performed on a well known nobleman, *i. e.*, the amputation of the virile organ. The nobleman had been a victim on the shrine of Venus. While the conversation was progressing, there being no ladies present, the Duchess DeA. suddenly entered the room. She had been listening outside with some ladies, sad to relate, and exclaimed, overcome with agitation: "How your poor patient must have suffered when you *cut through the bone*." The Duchess vanished as she made this remark, while the entire company of guests arose to

their feet, and extending their hands to the host as one man exclaimed: "We congratulate you, Duke, on your exceptional vigor."

NAPOLEON TO HIS DOCTOR.—"Do you not fear to bleed me?" demanded Napoleon to his physician, "do you not tremble in the presence of the Hero of Austerlitz?" The doctor only smiled as he replied: "Pardon, sire, it is you that ought to be in fear and trembling."

[TO BE CONTINUED.]

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Original Articles.

PURPURA HEMORRHAGICA.

WITH REPORT OF A CASE.

A Paper read before the Academy of Medicine,
May 12, 1890,

BY

TRAVIS CARROLL, M.D.,
CINCINNATI.

In bringing this subject before you this evening, I desire to exclude from our consideration purpura arising from flea-bites, from traumatic causes, from scurvy, in the course of eruptive diseases, and confine your attention more particularly to that form which Werlhof described under the title "*morbis maculosa*," and to which his successors have, in due respect to him, more significantly designated as *morbis maculosus Werlhofii*.

Under the term purpura have been described many affections presenting in common a cutaneous extravasation of blood. The title *morbis maculosus* is applied more especially to that form of purpura which occurs spontaneously in connection with certain definite other manifestations. Although in the present light of pathological science it is not possible to state with certainty that this malady exists as an essential disease *per se*, the constant association of certain symptoms has led later writers upon this subject to concur in a positive opinion. At present, the ecchymoses being the most prominent symptom, and for want of a better nomenclature, it is generally described under the generic term *purpura*.

Willan classes purpura as purpura simplex and purpura hemorrhagica.

Purpura simplex is the milder form,

presenting usually only the ecchymotic patches, but sometimes accompanied by aching of the limbs, slight fever, anorexia, and other sensations of discomfort. The lesions may vary in size from that of a pin-head to that of a finger-nail (*petechiæ*), and sometimes are linear in character (*vibices*). They may last for a period from three days to two weeks, varying in color from crimson, purple blue, green, yellow, until finally fading away. Usually as the first disappear new ones make their appearance, until recovery is established. The general health is not, as a rule, materially affected.

Purpura hemorrhagica, to which the term *morbis maculosus* has been more particularly applied, is that form in which the hemorrhages are not confined wholly to the integument, but are found in the mucous tracts, serous membranes and internal organs. This may begin abruptly or after various other symptoms, as, for example, headache, pains in the abdomen and joints, anorexia, fatigue; or it may follow purpura simplex. In this variety the spots are larger and more numerous. Bleedings from the mouth, stomach and intestines frequently occur. Vesicles filled with blood form both on the skin and mucous membranes. *Hæmaturia*, *hæmoptysis* and *menorrhagia* are often present. The general health, at the onset, may remain unimpaired, but the continued hemorrhages lead to pallor, general œdema, syncope and death. In favorable cases recovery not infrequently takes place.

To these two forms Schönlein added a third, which he called purpura rheumatica. Here one of the most pronounced symptoms associated with purpura is the pain and œdema of the joints, especially of the knee and ankle.

Albuminuria and cardiac murmurs have not been infrequently observed.

Hensch has observed cases of purpura in which colic, vomiting of grumous masses, bloody stools, and tenderness of the abdomen were so marked as to lead him to think that these symptoms together with purpura constituted a distinct disease.

Conty, in 1876, reported similar cases, and was of the same opinion in regard to them. The absence of fever, the suddenness of the onset, the absence of signs of intestinal inflammation, to him, was evidence of the cause of the associated train of symptoms residing in the sympathetic nervous system, and, for this reason, he termed it purpura nervosa. Purpura urtica, purpura numula, purpura lenticula, purpura senilis, purpura sthenia, purpura asthenia, are terms applied to some particular manifestations of purpura.

The etiology of purpura is very obscure. Both sexes of every age are affected with it; the disease seems to have a preponderance in females from the age of fourteen to twenty years. Ecchymotic patches may be caused in an individual from impoverished air, scanty food, fatigue, bad hygienic conditions generally; as a sequel to eruptive diseases, cirrhosis, acute yellow atrophy, cancer, malaria, syphilis. It does not seem to be due to any hereditary influence or purpuric diathesis, although some authors claim that in certain individuals a predisposition to purpuric affections exists.

Magendie and Virchow have demonstrated that the injection of putrid matter into the veins will cause ecchymosis of the endocardium of the lungs, liver and kidneys, and will produce thrombosis. More recently the opinion that the affection is due to some particular germ has become general.

Watson Cheyne found the presence of micro-organisms in two cases. In the first case he succeeded in isolating bacilli measuring in length 1-7700th of an inch and in diameter 1-20000th of an inch, existing in colonies and plugging up the capillaries. The distension of the walls seemed to indicate that they had been growing for some time. In the

second case he found streptococci exhibiting a typical chain formation and blocking up the vessels. The fact that more than one micro-organism has been observed precludes the possibility of accepting either as the cause until proven by experimentation on lower animals.

The characteristic symptom, purpura, in which not only the watery part of the blood, but the globules as well, escape from the vessels, is to be explained only upon the hypothesis that lesions of the vessel walls exist together with morbid changes in the blood, causing distension and degeneration. These changes have not been definitely determined. Deficiency of fibrin in the blood does not explain them. Parkes found an excess of iron, with a want of solid constituents. Rontier also found a deficiency of solids, with a very small proportion of fibrin—.09 per cent. Simon examined the bloody fluids from a young girl and found it to contain no fibrin but bile. Garrod suggested the want of potash. Wilson Fox thinks that there is a lardaceous degeneration of the vessel walls. This is perhaps a consequence and not the cause of the extravasations. Simon produced ecchymoses by destroying several of the sympathetic ganglia. Softening first occurred. Conty is of the opinion that the different manifestations of this malady arise in consequence of some disturbance in the sympathetic nervous system. It is generally accepted that the pain in the joints is due to effusion in their synovial membranes, and that the gastro-intestinal disturbances—vomiting, tenderness of the abdomen, colicky pains, etc.—are due to peritoneal irritation caused by hemorrhage into the serous coats of the stomach and intestines. Immerman thinks it is a transitory hemorrhagic diathesis due to a disturbance in the physiological relation between the blood, blood-vessels and surrounding tissues.

Dusch, in an admirable paper on this subject, published in the *Deut. med. Woch.*, 1889, makes the following classification:

1. Purpura with articular trouble, as pain, swelling and œdema of the sur-

rounding tissues. This form is the mildest, and corresponds to Schönlein's pelosis rheumatica.

2. Purpura with gastro-intestinal disturbances, vomiting,—matter not seldom mixed with blood,—colic, bloody stools; not complicated with joint affections.

3. Purpura accompanied with both joint trouble and gastro-intestinal disturbances. This last is the most serious form of the malady.

REPORT OF CASE.

The following case is cited as a good example of Dusch's third class:

Miss J., eighteen years old, actress, well developed, was attacked suddenly May 20, 1889, while in perfect health, with a pain in the epigastric region so intense in character as to cause her to scream from her suffering. This was only partially relieved by the repeated hypodermic injection of one-quarter of a grain doses of morphia every half hour until two grains had been used. There was tenderness over the stomach on pressure. Pulse was 100 and temperature normal. No other symptoms present.

On May 21, the pain in the epigastric region, though better, had not entirely disappeared. She now complained of pain of the same character, but not quite so intense, in the left sub-axillary region. Temperature normal; pulse 100; anorexia, constipation.

May 23. The pain was located more especially in the left iliac region, and from there radiated over the entire abdomen. Intense itching over the whole body, most marked on the face and extremities, caused the patient great annoyance. No other symptoms.

During the following two days she became gradually better, until the morning of the 25th, when, other than the general itching, she felt perfectly well. About 10 a.m. of this day her left ankle became tender and swollen, and at the same time she noticed an eruption, colorless at first, in the form of papules, nodes and wheals, similar to those of urticaria. It spread over the entire surface within a half-hour after its first appearance. The papules and

nodes were most marked on the shoulders, buttocks and outer surfaces of the extremities, while the wheals were confined to the inner sides of the extremities. The upper lip on the right side presented the appearance of a large nævus. The right lower and left upper lids were very much swollen. Both superciliary regions were covered with large nodes. Pulse 90; temperature 100°. Patient feels otherwise well, but very much exercised over her appearance.

May 26. The eruption more numerous and purple. Other symptoms about the same. Urine examined with negative results. To-day vomiting occurred twice, but the material vomited presented nothing characteristic. In the following three days the eruption gradually faded through the different colors of blue, green, yellow, so that on the 30th it had almost entirely disappeared. Joint symptoms, which preceded the eruption, gone.

On May 30, the right hip became swollen and tender. Towards evening the inner aspect of both arms from the axilla to the hand, the whole sub-maxillary region, together with the anterior aspect and sides of the neck down to the sternum, both upper and lower eyelids and superciliary regions, the tip and ali of the nose, the lobes of the ears, especially their margins and lobules, became œdematous and tense; and the nodules, more numerous and larger, appeared over the entire surface.

May 31. The above-mentioned regions had become intensely swollen and almost black, and the nodular eruption was confluent over the whole body. There seemed hardly any part of the surface that presented a normal appearance. Both knees, both hips, elbows, and right shoulder were swollen and very painful. Both eyes were completely closed. The face presented the appearance of a bruised mass. There was no nausea, but difficulty in breathing and swallowing; constipation; normal temperature.

On June 1, the patient had three bloody stools during the day, and all other symptoms were worse. There was inability to take drink or nourish-

ment. It was necessary to give her drink and food through a stomach-tube, at the withdrawal of which a slight hemorrhage took place.

June 2, the condition was the same. Menorrhagia came on. Complaints of pain in both breasts. Urine examined; neither blood nor albumen found.

June 3. Patient able to swallow, and could breathe much better. Eruption not so intense, and beginning to change in color. Menses very bad. Bowels constipated. General condition good. From now until June 8 the patient continued to improve. On this day the previous eruption had almost disappeared, but she began to suffer again from pain in her left knee, ankle, shoulder, and over the entire abdomen, which increased on pressure.

June 9. Eruption beginning to reappear in its former favorite locations; not so marked as during the last relapse. Stool without blood. Temperature not raised and pulse normal. Menses continue profuse. During this relapse the eruption endured only about three days.

June 18 marked another appearance of the eruption on the lower extremities, preceded by slight abdominal colic and lasting only three days.

From this time for six months the patient suffered from repeated outbreaks of an acne-like eruption, occurring in groups, and these distributed well over the body. During her entire illness the patient's general condition suffered but little.

This case is of interest in that it presented all the symptoms distinctly of purpura rheumatica, purpura urtica, and purpura nervosa; in that each appearance of the eruption was preceded by pain of some character, which became better or entirely disappeared with its full development; because of the subsequent eruption, lasting for months after the cessation of the disease proper; and, finally, in demonstrating to how great an extent subcutaneous hemorrhages may take place without leading to gangrene or having even a material deleterious effect upon the general condition.

[FOR DISCUSSION SEE P. 250].

Correspondence.

FOREIGN CORRESPONDENCE.

THE TENTH INTERNATIONAL
MEDICAL CONGRESS.

BERLIN, AUGUST 7, 1890.

Editor Lancet-Clinic:

The second general meeting of the International Medical Congress took place yesterday, and was marked by the essay of that distinguished and indefatigable worker, Professor Robert Koch. His essay was entitled "Bacteriological Investigations," and I will only give my readers the closing paragraphs of his work, as it will be, no doubt, of the most far-reaching importance. He said "that for many years now it had been his aim to find a remedy or remedies that would act in a therapeutical way on the tubercular processes, as he had come to the firm conclusion that agents must exist for the cure of tuberculosis. All experiments, so far made to find these agents, have proved illusory, because as he thinks they have not been begun in the right way, in so far as all these experiments had been made on man. Not with man, but with the cultures of these micro-organisms the experiments must be commenced. After agents have been found that will diminish the development of the tubercle-bacilli in these cultures, some of the lower animals, not man, should be used to test the results obtained in the test-tube with the cultures, and only after these experiments succeed, should the investigations be extended to the human race. He succeeded in finding a number of agents that acted in retarding the growth and development of the bacilli of tuberculosis. Among these remedies the most important were: a number of the ethereal oils, naphthylamin, paratoluidin, fuchsin, gentian violet, methyl-blue, auramin, mercury in the form of a vapor, and especially cyanide of gold, which, in a solution of 1 to 2 millions, was sufficient to retard the development of the bacilli. All these substances proved entirely resultless, how-

ever, and inactive when used on tubercular animals."

"After many fruitless efforts, however, he at last found substances which not only retarded the development of the bacilli in the test-tube, but also arrested the growth of the bacilli in the animal tissues themselves. Guinea-pigs, under the influence of these substances, could no longer be inoculated with tubercular virus successfully, and those that had already acquired tuberculosis in a marked degree, were improved, and the diseased tubercular process brought to a complete standstill, without in the least impairing the rest of the body."

Verily, this is a step in advance that already throws a flood of hope into one of the darkest and least promising fields of medical science—the curability of tuberculosis by therapeutic means. May it be left to the immortal discoverer of these dread organisms to successfully bring these experiments to a close, and in his fight with the smallest, but most dangerous enemies of the human race, soon inscribe upon his banner the word that will give hope to millions of his fellow beings—VICI!

Having given space to what I consider one of the most important results of the Congress, I come to speak of the doings of the section of Laryngology and Rhinology, already touched upon briefly in my last letter. The discussion of carcinoma of the larynx by such men as Butlin, of London, Krause, Schøster, Schnitzler, Størck, B. Fränkel, Semon, Hahn, etc., cannot fail to be of general interest. The essay of Butlin was the best, most conservative, yet modest address I have ever had the pleasure of listening to. He divided cancer of the larynx into extrinsic and intrinsic, depending on the location of the carcinoma, and that cases for operation (partial or total extirpation) must be selected only from the intrinsic cases of carcinoma of the larynx. He gave a statistical table of number of operations and deaths which I have misplaced at present, but hope to be able to reproduce at some future time. It seemed to me that the German element was much more in favor of operation in a greater number of cases

than the English contingent, although Hahn, who spoke in the discussion, emphasized the fact that a careful selection of cases must be made in order to get the best results. Indeed, it seemed to be the general opinion that operations for carcinoma of the larynx should be made only in those cases that still presented considerable hope for recovery, in which the glands were not involved to any great extent, in fact, to those cases where the carcinomatous process had not gone very far as yet. If all cases, even those that seemed utterly hopeless, were operated upon, the results could be only unfavorable, and the statistics correspondingly bad. Indeed, if this rule were followed more generally in other departments of surgery, statistics of operations generally would be more favorable and the laity and a large number of the profession who are so easily influenced and imposed upon by an array of statistics, would respect and reverence the science of medicine more than before.

But we are, essentially, in a "cutting era," a "surgical epoch." Until the great effect of this era dies out, until a better selection of cases generally are made, until operations are made not for the sake of the operations themselves but for the sake of the patients, when not every case that presents itself is operated upon simply to increase the array of figures for the individual operator, when an impartial and intelligent differentiation is made of each and every case, then, and not until then, will we be on the road to recover that regard and respect which the human race should and will have for a charitable and unselfish science of medicine.

In my next I hope to write of the great ovation accorded O'Dwyer when reading his article on intubation, as well as on the subject of laryngeal phthisis, that was discussed at length and with great differences of opinion.

ERIC E. SATTLER.

SURGEON-GENERAL JOHN MOORE, United States Army, was placed on the retired list August 16, 1890, by operation of law, on account of age.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of May 12, 1890.

The President, C. D. PALMER, M.D.,
in the Chair.

J. M. FRENCH, M.D., Secretary.

DR. T. CARROLL read a paper on

Purpura Hemorrhagica (see p. 245).

DISCUSSION.

DR. M. CASSATT had seen several cases of this disease. The first and second cases terminated fatally. He had made some investigations in hope of discovering the micro-organism of the disease, but had failed.

DR. G. S. MITCHELL had seen several cases of purpura unassociated with acute infections. We all know, he added, that associated with the acute infectious diseases, this affection is of grave import, but otherwise it is of little importance. He could not agree with the statement of the essayist that treatment is of no value. Anything which tends to increase the arterial tonus and dam up the blood in the larger vessels will tend to relieve the disease. He had treated several cases with hamamelus in combination with ergot.

DR. J. L. CLEVELAND stated that he knew from experience that patients may die from purpura. He had seen a case affected with purpura all over the body resembling flea-bites, accompanied by a hemorrhagic tendency. It occurred during an epidemic of small-pox. There was no fever, but he suspected that it was in reality associated with small-pox. The case terminated fatally.

DR. CARROLL stated in conclusion that he had made use of a number of remedies in the treatment of his case, but that he thought the recovery should be considered spontaneous rather than a result of treatment.

Report of Committee on Hygiene.

At the close of the meeting, Dr. DeBeck read the following resolutions

prepared by the Committee on Public Hygiene, appointed at the commencement of the meeting.

WHEREAS, the Academy of Medicine of Cincinnati, believing that no department of our local government is more important than that to which belongs the guardianship of our public health; and that no more important duty devolves upon this department than the enforcement of laws prohibitory of the sale of unsound and adulterated articles of food; and recognizing the fact that there is no more direct or more certain carrier of disease, especially to infants and children than the milk of filthy dairies, or that handled by diseased and filthy persons; therefore be it

Resolved, That we have witnessed with much surprise and alarm the exposures recently made by the Health Department of our city, under the direction of Health Officer Prendergast, of the appalling unsanitary condition of the large number of the dairies which supply us with milk; but we fully endorse the efforts of the department to correct the existing evils and to enforce upon dairymen the necessity of strict cleanliness, ventilation of stables, and proper feeding of their cows as required by law, and the avoidance of all possible contamination and the adulteration of the milk supplied by them; that we tender to the Health Officer our earnest support and urge him to continue his efforts to increase the efficiency of the department in the same energetic and fearless manner as he has begun.

WM. JUDKINS,
M. CASSATT,
G. S. MITCHELL,
DAVID DEBECK,
JOHN M. WITHROW.

Committee on Public Hygiene.

PAPAIN has been found of great use in cleansing the middle ear, especially after the formation of caseous material, which is liquefied by keeping it in contact for about an hour with fifteen minims of a five per cent. solution of papain in water, made alkaline by sodium bicarbonate. The ear is afterward syringed with a solution of boric acid.—*Edin. Med. Jour.*

Translations.

REFLECTIONS OF AN OLD-TIME PHYSICIAN.

Editorial in the *Journal de Medecine de Paris* of August, 1890.

TRANSLATED BY T. C. M.

I must remark, regretfully, that the invasion of the domain of medicine by the *savants* of the laboratory is causing uneasiness to the art of healing. The quacks, diviners, secret-knowers and bone-setters, not to speak of the simple herb doctors, are at the present time infinitely less dangerous and *unprincipled*—I emphasize this last word—than those visionaries of the laboratory who seek for germs of various kinds and have the audacity and pretension to overthrow old-time medical practice.

Why do I think thus? It is because that, in their assumption of being learned and most scientific, one would be led to think they have a judicial spirit—which they rarely ever possess—and have not the good sense that those who practice general medicine usually have. The *intelligent world* of to-day is too far-sighted to longer believe in the efficacy of mumbled prayers and cures made by the laying on of hands or the sign of the cross; it no more indulges in such gross theologico-medical superstition. But how is it to deny or discredit the positive affirmations of serious and dignified men who assure the world that they have discovered the secret causes of disease, who see special forms of bacilli in the sputa of phthisis and do not find them in ordinary bronchial mucus,—so-called *savants* who claim to distinguish a difference between the microbes of typhus, small-pox and cholera? We know, thanks to these persons, the cause; how easy it should be, then, to prevent the effects! Their science consists in creating a new morbid entity, and describing, with precision and minutiae, the morphology of a new microbe! It remains for them to establish its characteristics that determine the new specific agent, its reactions, its

manner of living, the history of its evolution in the cultivating-broth and in the living human economy. When you object to these microbe-hunters of the infinitesimal world, that their investigations are more amusing than useful, that their vaunted discoveries have not the importance that they imagine, that since remote periods of time ideas regarding such minute organisms were not uncommon, they will answer: "Yes, yes; but the ancients only trifled with the subject! They only made a hypothetical ontology! They supposed! We have determined the reality of the existence of these minute forms; we know our germ lesson by heart!"

Is their science not beautiful? Is it by seeing the fox who steals my poultry that I learn how to keep him away? Does the demonstration of the existence of a microbe shorten the fever of my typhoid patient a day? Does the determination of the cancerous cellule in the gland modify my therapeutics in the least?

One would think such queries would embarrass the average laboratory scientist. You will commit a grave error if you think so. You would never have the last word in a discussion with *savants* of this variety, where the spirit of the system steps over good old-time experience; you will never, I repeat, have the last word with these egotists, because it is the fool of the laboratory who argues against good sense; it is the spirit of sophistry struggling against the spirit of observation.

Listen how these fanatics of the microbe talk:

"We create laboratories for germ culture. We sacrifice hecatombs of dogs when necessary; we destroy myriads of rabbits and guinea-pigs to arrive at our conclusions, and finally we reach our point."

"All that is to follow is to understand the law of bacillary antipathy; to recognize the incompatibility between the various living atoms that infest the economy and are created for the purpose of eating each other."

"We shall oppose bacteria with bacteria, micrococci with virgules; the bacillus of paludism shall serve to neu-

tralize the bacillus of tuberculosis, etc., '*contraria contrariis*.'

"Again, we will inoculate the preventive microbes for small-pox; or, like Dr. Beck, propose to syphilize the world, so that hard chancres shall exist no more in forty years from now. Why not say *similia similibus*?"

"It has been heretofore believed that a sedentary and confined life pre-disposed one to phthisis, and that various excesses engendered neuroses producing softening of the brain and insanity. We will not contradict this, but it is but little difference if we do; we have only to saturate the economy with the specific microbe in order to make the most intemperate man invulnerable and make mankind to live as long as Methuselah."

"*Quo non ascendum*? We shall simplify the art of curing and create a true science of morbid entities, which the School of Paris has mocked for sixty years. When we fully establish our anti-microbe system there will no longer be any use for hygiene; we do not see much necessity for it even now."

"In former times it was the fashion to call in consultants, who carried ivory plessimeters and stethoscopes of light wood to determine the condition of organs in the thoracic cavity. No use for that now with our germs."

"More lately physicians used a thermometer to indicate the temperature of the fever. All that does very well for its moral effect, but abuses the microbic science."

"In other days they made disagreeable investigations as to a person's morbid antecedents—his heredity, habits and diet. That has passed; but the modern disciple of the germ theory comes armed with his culture-tubes. 'Hold your tongue!' says he to his patient; 'you can tell me nothing. It makes no difference whether you be debauched or chaste. Let me find out what particular germ annoys you. I am the true scientist—the bug-hunter of the human body.'"

Do these egotists wish to hold that the simplification of medicine will facilitate the work of the physician? Ah! each new procedure demands a

novitiate for its application; each new discovery has its special *mnemotechnic*; each hypothesis, no matter how absurd, has for the moment its right to be entitled to credit, and, historically, has the desire to be retained.

The germ theory is the blot on modern medical science! How can one recognize in this chaos of scientific theories how to verify facts and control them; how can one avoid errors and illusions? For are there not salutary microbes as well as homicidal microbes? Must we not avoid confounding one class with another? When one has had the honor to assist for fifty years the evolution of professional morals, one readily notes all the changes. Who is there now who believes in the contagion of the diseases of fifty years ago? Who? Only a few modest practitioners, who dare not say all they think aloud; only a few conservative but long-sighted men who still retain more faith in simple observation than in so-called scientific observation. The professional artists who pose before the public for notoriety, and whose fame is never lasting, are always committed to modern fashions, as the public is duped by the glittering appearances of what is heralded as medical progress.

A commission of the Academy of Medicine is sent to Barcelona to study yellow fever, and returns declaring this pest is not contagious. Let them tear down the quarantine system and verify their opinion at the risk of the vengeance of the long-duped public. Typhoid fever and phthisis were considered as morbid special conditions, in which the germ is enclosed in an individual organism, developing and famishing therein; all *savants* were opposed to the idea of their contagion. To-day the contrary opinion is the *fashionable* one. If the theorists of 1840 dared to believe in this doctrine, those of the present hold to the contrary. All maladies spring from a like malady, or, more scientifically speaking, one microbe can only be developed from another microbe *omne vivum ex ovo*.

These scientific cascades are not originated to give the healing art much consideration, and if the humanitarian

side of the question is no assurance as to the character of the physician, a certain amount of respect, let the true doctors become the laughing-stock—the pseudo-scientists. It is very comical, in fact, this frightful legend of the microbe. The germ theory! The bugaboo to terrify the unsophisticated and ignorant multitude! The cloak to hide one's professional ignorance!

De nihilo nihil! A microbe cannot be engendered by itself; it must have a father. An animalcule can no more be born without a progenitor than can an elephant. *It is acquired.*

The soil on which we tread, the air we breathe, the food we swallow, contains legions of atomic beings, minute organisms whose effect on the health of other organisms must be determined. What will become of us, my God? The water of our wells and fountains, these reservoirs for suspected germs, each of a different morbid species, God deliver us from them! How can we stand this invasion of a million of different microscopic forms? Shall we cook all we eat? As soon as our food cools the deadly microbes return. Shall we sterilize our drinks? Disinfect our clothes, our knives, our forks? With what, good Lord? And the answer would be, *a Hell of torments*, begotten of credulity and medical ignorance!

MICRO-ORGANISMS OF HEPATIC ABSCESS.

M. Saveran reports to the Société Médicale des Hôpitaux two cases of hepatic abscess, the pus of which did not contain micro-organisms capable of cultivation by the known methods. He suggested the possibility that the elements of the bile had acted fatally on the bacteria, or the presence of bacteria which we are not able to cultivate. M. Netter remarked that the absence of bacteria is not constant, since Kartulis in a series of thirteen cases found the streptococcus pyogenes twice and the staphylococcus albus three times.—*Le Progrès Médical*, Aug. 2, 1890. J.M.F.

SUBSCRIPTIONS to the *Lancet-Clinic* may be commenced from any date.

Selections.

THE THERAPEUTIC VALUE OF SULPHONAL.

In previous issues of the *Gazette* we have alluded to the various warnings which have been given by several authors as to the danger attending the use of sulphonal in large doses; and it now appears that the remedy, even in doses of $7\frac{1}{2}$ grains, repeated several times daily, is not free from danger, since Dr. Umpfenbach (*Therapeutische Monatshefte*, No. 2, 1890), refers to several cases where the continued use of small quantities of sulphonal produced disagreeable consequences. He agrees with the views of Erlenmeyer that a single dose of 30 grains of sulphonal should never be exceeded, although he states that his experience has not yet enabled him to confirm the statement that sulphonal may even produce dementia. He refers to the case of a woman without any heart lesion, who, after a dose of 30 grains of sulphonal, which, by the way, produced no hypnotic effect, suffered the entire following day from violent palpitation of the heart.

Another case was that of a paranoic patient, fifty-six years of age, in whom 15 and then 30 grains were given without any unpleasant after-effects, but without producing sleep; while, when the dose was increased to 45 grains, sleep was produced, but on the following morning there was a slight chill, with coldness of the hands and face, trembling of the extremities, and a small, feeble pulse. Rest in bed arrested these symptoms, although they returned again on the second administration of a dose of 45 grains.

The author likewise calls attention to cases of paralysis in which the administration of sulphonal caused an immediate increase in the paralytic symptoms, which again improved after the remedy had been suspended. Dr. Umpfenbach, therefore, concludes that sulphonal is not comparable to chloral either in certainty or safety of action. The author likewise publishes notes of a few cases in which chloralamide was

employed as a hyponotic, and, although he admits that his studies have not been carried sufficiently far to warrant a positive statement, he yet feels that his experience shows, as has been to a certain extent the experience of others, that this new hypnotic is likewise not entirely free from danger and not absolutely reliable.

Drs. Popoffet and Podanovsky have made an elaborate series of experiments on frogs and dogs, which largely assist in explaining the apparent inconsistencies which have been attributed by different authors to the action of sulphonal, while partly confirming the statements so frequently alluded to as to the unfavorable effects which may follow its clinical employment (*Les Nouveaux Remèdes*, April 8, 1890).

These authors have found that introduced beneath the skin of the frog, in doses of 1-12th to $\frac{1}{2}$ grain, in one per cent. solution, sulphonal exercises a hypnotic action, whose intensity and length is proportional to the dose injected. They further observed a slowing of the respiration, occasionally preceded by transient acceleration, while later there occurs marked reduction in sensibility and difficulty in the performance of voluntary movements, and, finally, diminution in cardiac energy. When the dose is increased above half a grain all the phenomena become accentuated, and the animal dies in complete prostration as a consequence of paralysis of the heart. The weakening of reflex action is partly due to depression of the spinal cord and partly to action on the terminal sense organs, while interference with the voluntary movement is attributable to paralysis of the motor-nerve trunks and muscles remaining unaffected. Cardiac disturbance is due to the direct paralyzing action on the myocardium and the motor cardiac ganglia. In warm-blooded animals sulphonal also has been found by these authors to influence a depressing influence on the nerve-centres, manifested at first by slight somnolence and uncertainty in walk when 3 to 5 grains for each two pounds of body-weight have been given by the mouth, followed by slight inco-ordination of movement, profound sleep,

and prostration when doses of 9 to 12 grains have been given for each two pounds of body-weight; and by death when the quantity given amounts to 14 grains for each two pounds of body-weight. Sometimes sulphonal exercises a more or less prolonged excitation, the animal being in a state of motor excitation, even although the movements are highly inco-ordinated. Among the phenomena constantly noted were great increase in the rapidity of the pulsations of the heart and of the respiratory movement, the former symptom being the first to appear in the majority of cases, and persisting up to the end; while the acceleration of the respiration appears later in the poisoning, and ordinarily disappears in the profound sleep which is produced. In toxic doses, sulphonal acts on the blood-corpuscles in the same manner as monoxide of carbon. The authors summarize their results as follows:

1. Sulphonal diminishes the excitability of the cerebral cortex and of the spinal cord.
2. In small and moderate doses, sulphonal increases blood-pressure through excitation of the vaso-motor centre and depression of the pneumogastric. In large doses it diminishes blood-pressure through paralysis of the muscular tissue and ganglionic centers of the heart.
3. The acceleration of the pulse is due in part to the stimulation of the accelerator nerves of the heart, but especially to the depression of the pneumogastrics.
4. Sulphonal, in small or moderate doses, does not modify the constitution of the blood, but in large doses it produces destruction of the red blood-corpuscles.
5. Sulphonal increases the reduction of oxyhæmoglobin in the blood, possibly by reducing the intimacy of union of oxygen and hæmoglobin.

Finally, Casarelli, as alluded to in the same number of *Les Nouveaux Remèdes* (April 8, 1890), claims that he has obtained satisfactory results in the treatment of diabetes mellitus with sulphonal. He maintains that sulphonal reduces the quantity of sugar and the quantity of urine, while at the same

time relieving irritation, the effect being most marked when doses of 45 grains are given in twenty-four hours for several days in succession. In this dose, however, he likewise confirms the experience, now becoming almost universal, that sulphonal is frequently followed by extreme somnolence and vertigo.—*Therapeutic Gazette*.

CODEINE.

Codeine, according to Loewenmeyer (*Deutsche medicinische Wochenschrift*, No. 20, 1890), is very little employed in Germany, notwithstanding the encomiums which it receives from physicians elsewhere, and especially from the French.

He therefore recently instituted an extensive series of observations in Jacobson's service at the Jewish Hospital in Berlin. Some five thousand doses of the drug were given to about four hundred patients, some of whom took it for weeks, and others for months; yet in no case did he observe any untoward results. He therefore recommends its use in place of morphine, rating it as a narcotic of somewhat lesser intensity than the latter, but on the whole superior, because of its freedom from danger. He especially endorses Dr. Lauder Brunton's assertion of the peculiar applicability of codeine to the relief of painful affections of the abdomen. Gastralgia, colic, and the various visceral neuralgias seemed peculiarly amenable to its influence. The patients had long periods of respite from pain. They found sleep, and when, after a certain time, new exacerbations occurred, the medicament in the same dose as at first still exerted the same favorable influence.

Far more important than the relief of functional disturbance, however, in which the psychic factor may be presumed to have more or less influence, is the possibility of relieving the pain dependent upon organic disease, gastric cancer, cancer of the liver, cancer of the intestine, etc. While morphine was effective in ninety out of one hundred cases of this nature, codeine succeeded in only sixty.

The question as to the indications

for one or the other of these drugs is quite difficult to answer. Excluding idiosyncrasies, Loewenmeyer is disposed to think that attacks of pain of great intensity, occurring in paroxysms, are not likely to be favorably influenced by codeine, but are alleviated by morphine. This was particularly noticeable in hepatic colic and in renal colic. He would also consider it a mistake to administer codeine in cases of gout or of circumscribed inflammation of the peritoneum, in which large doses of opium act so happily in preventing extension of the inflammatory process. After the acute symptoms have subsided, however, codeine is useful in controlling the remaining pains.

Incomparably more favorable than in any affection heretofore mentioned, is the action of codeine in diseases of the thoracic viscera, and particularly of the organs of respiration. This was especially notable in cases of phthisis, alike for its influence upon the cough, for relief of pain, and for modifying acute bronchitic and pneumonic exacerbations. Good results were likewise evident in some cases of bronchial asthma. The drug was also administered in some cases of severe cardiac lesions in which morphine had previously been employed, and without seeming to produce any toxic effect. On the other hand, it was of little avail either in organic or functional nervous affections. As a hypnotic, however, it acted readily, nor did it seem to have a tendency to produce an unfortunate habit, such as follows the continued use of morphine.

While Loewenmeyer cannot agree with the opinion that codeine is useful in the direct treatment of the morphine habit, he looks upon it as a prophylactic, inasmuch as by its substitution for morphine the contraction of the habit may be avoided.

We have called attention to this careful study of an important drug, because we believe that in America, too, its use might be profitably increased. Our experience tallies closely with that of Loewenmeyer so far as reported—an important omission in the report being its use in diabetes mellitus

—and the concluding observation of that author is one to which great heed should be given. Many unfortunate cases of morphine habit have been due to unguarded prescription of the drug, or too long continued resort to it, by physicians. It is much easier to avert contraction of the habit than to cure it. Therefore, if codeine be applicable at all in cases where an opium alkaloid is indicated for anything more than occasional use, it should be preferred. We are inclined to go still further than Loewenmeyer and to urge caution and reluctance in the use even of codeine for prolonged periods. Let continuous resort to any drug of this nature be only adopted after careful deliberation, as an absolute necessity, and with the safeguard, to both patient and physician, of a consultation.—*Medical News.*

VERATRUM AND ACONITE.

Prof. A. J. Howe (*Chicago Med. Times*) thus compares the action of these two remedies: Veratrum slows the heart's action and the respiration, softens a wiry pulse, moistens the skin, mitigates the distress of fever, and does not dull the appetite. In fact, it will do all that aconite can, and something more; it is emphatically the best remedy in pneumonia, pleurisy and respiratory troubles in general. Veratrum helps to harmonize movements of the heart and lungs when they are acting abnormally, accomplishing more in this way than aconite can do. In acute influenza veratrum is the remedy *par excellence*. I now carry veratrum instead of aconite, and find that it covers more morbid conditions than any other medicinal agent known to me. In obstetric practice I like veratrum, also in operative gynecology. In dysmenorrhea, metritis and ovaritis it is preferable to aconite. In the hemorrhages and febrile onsets of phthisis, and in congestive states generally, veratrum is emphatically indicated.

Surgical inflammations are better managed with veratrum than with aconite. In drop doses veratrum is decidedly antithermic, and an equalizer of capillary or vaso-motor action. By

stimulating a sluggish lymphatic state of the body, assimilation is promoted. In the incipient stage of phthisis veratrum is invaluable. It provokes an appetite, lessens cough, and subdues febrile paroxysms. The nutritive system is directly benefited by the action of veratrum. To impress the mesenteric, lymphatic and nutritive activities generally, the medicine must be given in full doses—a drop of the tincture every two or three hours. In over-doses veratrum causes vomiting, therefore it proves its own antidote in cases of poisoning. I have never known a death to occur from an overdose of the poison.

The local use of veratrum has been too much neglected. A dilute tincture rubbed upon the painful and itching spots of chilblains proves both comforting and curative. Some practitioners employ aconite and veratrum at the same time, but this is like mixing whisky with brandy to concoct a stimulant. Veratrum being the more potent drug, can be made the most efficient.

In conclusion, I repeat that veratrum will accomplish all aconite does, and something besides.

SULPHO-SALICYLATE OF SODIUM.

The latest of the many valuable compounds of salicylic acid has been presented to the profession by a chemist in "Frankfort-on-the-Maine" in the form of *sulpho-salicylate of sodium*. The preparation is a neutral sodium salt of an acid, derived by the replacement of two hydrogen atoms by two atoms of sulphur in two molecules of salicylic acid. The result is a grayish white hygroscopic powder having an odor similar to that of a mixture of iodine and carbolic acid. All of the compounds of salicylic acid have been found useful in checking fermentation, and, to a certain extent, as antiseptics, and have gained a deservedly high reputation in the treatment of rheumatism. Until this latest chemical combination the favorite in rheumatism was the salicylate of sodium; but it is said the displacement of a portion of the hydrogen by a similar amount of sulphur gives

us a compound much more active and efficient in all the various forms of rheumatic trouble. It can be given in acute cases in capsules in three-grain doses every three hours; in chronic cases at longer intervals, say three or four times a day. It is said the drug does not produce any unpleasant secondary effect.—*N. Y. Med. Times.*

THE DIFFERENTIAL DIAGNOSIS OF ANEMIA.

True anemia signifies a reduction in the quantity of blood. It occurs in an acute manner after hemorrhages or it may be chronic as a manifestation of emaciation of the organism. Quantitative anemia is characterized by pallor, although the latter symptom may be present even when the blood is qualitatively and quantitatively normal. This latter condition is present in syncope, where the patient has not lost a drop of blood but bleeds, says Dr. Neusser (*Wiener med. Presse*, February 9, 1890), "in his own abdomen," the cutaneous vessels being contracted and the intestinal dilated. In collapse an anemia similar to that of syncope is present. The former are considered by Neusser as prototypes of acute pseudo-anemia, and are to be differentiated from chronic pseudo-anemia, which originates in an irregular distribution of blood, as in exophthalmic goitre and the so-called nervous anemia attended by violent pulsations of the aorta. A form of true anemia attended with qualitative changes of the blood is chlorosis. Chlorosis is characterized by a diminution of the coloring matter of the blood, the red corpuscles not being diminished in number. The pronounced anemia of the mucous membranes and the skin and the fugacious edema are not pathognomonic of chlorosis, being also present in post-hemorrhagic anemia. Dyspeptic chlorosis is referred to as anemia accompanied by gastric disturbances, the latter being symptomatically most prominent. Gastric disturbances are nearly always present in chlorosis, and are characterized either by chemical or mechanical functional disturbances of the stomach. The chemical disturbances

result in either increased or diminished acidity of the gastric secretion, the latter prevailing. In some cases hydrochloric acid may be entirely absent. This latter condition is also present in atrophy of the gastric glands, pernicious anemia and carcinoma of the stomach, thus making the differential diagnosis often difficult. In carcinoma of the stomach, the contents nearly always show an acid reaction due to the presence of lactic acid, notwithstanding the absence of hydrochloric acid, and the quantity of pepsin is diminished. In the dyspeptic forms of chlorosis, on the contrary, notwithstanding the absence of hydrochloric acid, pepsine and peptones are always present. Regarding treatment, Neusser says that many cases are cured by simple iron treatment, whereas in others, not only is the iron badly tolerated, but it intensifies the gastric disturbances. The intolerance of many forms of dyspeptic chlorosis for iron may be removed by previous inhalations of oxygen, of which large quantities must be used. He begins with 50 litres daily, and quickly increases this to from 100 to 200 litres. Crude and desiccated blood have been employed in the treatment, and although he has used them, they were discontinued in consequence of diarrhoea being developed. From many sources it has been observed, that in patients with chlorosis, who could not tolerate any preparation of iron, the ingestion of large quantities of raw meat was attended with successful results. This latter method seems in no wise irrational, as when raw meat is consumed the iron is introduced in the form of hemoglobin, which is at once taken up by the circulation. The objections to it are the obnoxiousness of raw meat to many patients, and the danger of tenia. Aside from the objections already cited, the meat diet is often contraindicated in those cases attended by *fetor exore*. The odor is largely derived from scatol, a ptomaine derived from animal food, and for this reason an absolutely vegetable diet is indicated.

—*Occidental Med. Times.*

TECHNIQUE OF GENERAL SURGICAL OPERATIONS.

During the past six months or more we have not used any sort of antiseptic fluid as a wash to aseptic wounds—none for any purpose whatever other than a 1 per cent. solution of carbolic acid in water in which to place the instruments. We are perfectly satisfied with thoroughly boiled and thus sterilized water as a cleansing material—cheap, efficacious, easily obtained, and reliable. We do not believe that antiseptic fluids are harmless in fresh wounds, and do not think their use at all necessary when proper and careful preparation has made the site of the operation surely aseptic, and the similar preparations have placed in the same condition the hands of the operator, those of his assistants, and all instruments to be used. We try to impress upon ourselves, and upon every one having anything whatever to do with the patient or his surroundings, the fact that the patient's life is positively endangered by the slightest relaxation of vigilance in maintaining a thorough asepticism in all things. How is this condition secured? The site of any operation is first thoroughly washed and scrubbed with soap and water. If any hair grows upon it this is shaved off. Then it is again washed with soap and water. Secondly, the surface is thoroughly washed and bathed with a solution of mercuric chloride, 1:1,000, if near the outlets of the body; 1:2,000 anywhere on the general surface. If any natural creases or puckerings exist, these must be carefully opened out and cleansed in the same way. After these washings the surface is sprinkled lightly with iodoform, and a large compress of sterilized gauze soaked in a 2 per cent. solution of carbolic acid in water is bound on the surface, covered with an impervious material, such as gutta-percha tissue, and left on until the surgeon is ready to make the incisions. By carefully carrying out these processes, the surface of the body at the site of any operative procedure is rendered absolutely aseptic, and the danger from infection of any wound by any microbe from the

surface rendered practically impossible. The same procedure is carried out by myself and every assistant and nurse, in order to render the hands and arms aseptic. Particular attention is given to the finger-nails. During an operation the hands are frequently washed in sterilized water only, if the operation is an aseptic one; if not, in some antiseptic fluid. The clothing of every one about the patient is prevented from carrying septic material to the wound by having the person enveloped in a clean gown. The arms should be bare; long sleeves are frequent carriers of all kinds of infectious matter into wounds. The immediate surroundings of the place of incision should be covered with dry towels, then again covered with towels wet in a 2 per cent. solution of carbolic acid in water as a means of safety.

The instruments are sterilized by being thoroughly scrubbed in soap and water, then rubbed dry and kept in boiling water for one-half hour, after which they are placed in the 1 per cent. solution of carbolic acid, in which they are kept until used, and to which they are returned when out of use during operation after being washed clean.

All instruments should be so constructed that they can be easily taken apart, so that all joints and irregular surfaces may be cleaned. The only sponges used are pieces of sterilized gauze, and this is rendered sterile by subjecting it to prolonged boiling in hot water, after which it is kept in tightly-stoppered bottles dampened with a 2 per cent. solution of carbolic acid in water, taken out as used and then thrown away. When used they are squeezed as dry as hand pressure will make them. Sea sponges are used only in abdominal operations, and here only because they are more easily managed and accounted for.

The ligatures used are either catgut or silk, prepared so as to be positively aseptic and according to the following method: The silk is boiled in water for one-half hour, and then preserved in a 5 per cent. carbolic acid solution. If any piece of silk comes in contact with any external object, it is discarded or again sterilized by boiling.

The catgut is immersed in a 5 per cent. carbolic acid solution forty-eight hours, in 1:1,000 bichloride of mercury in strong alcohol for one week, and it is then preserved for use in strong alcohol or in equal parts of strong alcohol and oil of juniper.

We use the silk and catgut indiscriminately for either of the purposes mentioned when thus prepared, and always cut the ends short.

The dressings after the wound is closed, as you have frequently seen, are always dry iodoform, iodoform gauze, and borated cotton. No solutions of any kind are ever put into an aseptic wound, the idea being to add in no way to the irritation always produced by the use of the knife and other instruments. If the wound is not much irritated, there will not be any greater flow of serum than the absorbents are able to carry away; hence you seldom see a drainage-tube used. If one is necessary, the sterilized perforated rubber drainage-tube answers every purpose. Now, if the wound is already septic, how will you proceed? Carry out exactly similar procedures as have been described for an aseptic operation. The septic or suppurating surface should be thoroughly irrigated and cleansed with some one of the antiseptic fluids recommended for such purposes. For instance, a saturated solution of boric acid in hot water, or one teaspoonful of tincture of iodine to a quart of hot water, or a 5 per cent. solution of carbolic acid in water or less strong, or a solution of mercuric chloride not stronger than 1:3,000 in water, in my opinion. The last mentioned, mercuric chloride, is the most popular antiseptic agent and the one most commonly used, because it is the most powerful destructive agent used to destroy micro-organisms. But, gentlemen, I begin to believe that thoroughly sterilized hot water is as efficacious as any of them, and has, I am sure, the advantage of being harmless to the patient. All the others possess some poisonous properties, many of them are dangerous when used in large quantities, and to be of any use under the circumstances we are considering, the quantity used must be large. If the

suppurating surface is large and old, holding a considerable quantity of free pus, this can be all washed away by the water alone. If it is lined by a dense membrane of granulation tissue, the old pyogenic membrane, I doubt the probability of the strongest and most deadly of antiseptics being able to destroy micro-organisms lodged in it; in fact, I sometimes think that the coagulating properties of these fluids are likely to fix the micro-organisms in their breeding places, quieting them for the time, but a menace and perhaps a real harm for the future. The best way to me is to scrape away with the sharp spoon, as you so frequently see me do, all the unhealthy and septic lining down to the healthy tissue underlying them, and then use only the sterilized water for washing. If the scraping is done, I am sure the strongest antiseptic fluids are harmful, as well as I am sure that they are harmful to use in all large cavities, such as empyæmic cavities, pus cavities with tuberculosis of the spine, etc. They should never be used about the brain or abdominal cavity. After the septic surface has been treated as suggested, the operative procedure is executed as already described, except that it is very seldom that the wounds are entirely closed by suture. It is usually best to pack the cavity with iodoform gauze, to be left in until loosened by developing granulations. In this way the wound can be kept perfectly aseptic for any length of time, provided the external dressings are changed at proper intervals, and the same care practiced at each dressing as was carried out during the primary operation.

I am sure that if you follow out the details of the directions given you, adding to their perfection, if you can, in the matter of cleanliness and the avoidance of the entrance of any foreign substance into the wounds made, that you will seldom, if ever, be troubled with pus wounds. The wounds you make or treat will heal kindly, rapidly and firmly, without much pain and rise in temperature. You have repeatedly seen me make the most extensive wounds, and subject patients to prolonged and severe operations, and I have just as

repeatedly shown them to you at the end of a week or two with wounds soundly healed and the patients free from any signs of suffering or exhaustion.—CHAS. T. PARKES, M.D., *N. O. Med. and Surg. Journal*.

CONGENITAL SACCULATIONS AND CYSTIC DILATATIONS OF VEINS.

These conditions have from ancient times been generally recognized in connection with varicose disease, but have received very little attention as distinct affections. The reason for this is twofold: First, because they frequently give rise to no trouble of any kind; and second, because when symptoms demanding treatment arise their existence is masked by the general varicosity which coexists in many cases.

Mr. Bennett (*Lancet*, April 12, 1890) describes three classes of these venous sacs and dilatations. The first and rarest form consists of a distinct sac springing from one side of a vein, with which it communicates through a small opening. This condition may or may not be associated with a varicose condition of the surrounding veins, but some evidence of venous abnormality in the form of nœvus or varix is to be found in near or distant parts. Clinically it presents the form of a softish, compressible tumor, the connection of which with a vein may more or less be easily demonstrated. When this occurs in the neck the patient has the power, by means of holding the breath, to cause the tumor to become large and tense.

The second class consists of a dilatation at the point of entry of a tributary vein into the parent vessel. In part of these cases the proximal end of the tributary and the neighboring part of the recipient are about equally involved, and in part the tributary is the more affected, and a globular swelling is produced which seems to project from the main vessel. This class seems to be almost invariably associated with varicosity of the veins in the immediate neighborhood. The tendency to dilatation seems to be congenital; its development seems to depend on the same conditions which

promote the development of ordinary varicosity.

The third and most common class is local dilatation involving the whole circumference of the vein. This may occur in any valved vein and invariably involves the portion of the vein in the immediate neighborhood of a valve which generally forms the distal boundary of the tumor. At first it is pyriform, afterward spherical, but rarely attains any great size. This form is often found associated with extensive varix, but it does not occur as frequently in the midst of masses of varicose veins as is sometimes supposed.

The only conditions which render active treatment necessary are rapid distention causing pain and possible hemorrhage through rupture of the cyst wall, rapid coagulation in the sac from injury, inflammation or other cause, and suppurative inflammation in dilatations packed with clot. In these cases the clot-packed sac should be removed together with the portion of the vein from which it springs. When the sac springs from a deep, important vein, like the femoral, operative treatment is contra-indicated unless the sac be pedunculated sufficiently to admit of ligation. When removal is impracticable in a superficial vein, division of the distal portion of the vein between two ligatures is recommended. The pain from distention may be controlled by pressure. If supuration appear, it should be treated as an abscess, opened antiseptically and cleaned out.—*N. Y. Med. Journal*.

ERASION OR ARTHRECTOMY OF THE KNEE JOINT.

Wright and Collier (*Annals of Surgery*) insist that the name arthrectomy should be applied to one particular form of operation, but that at present much confusion exists in its application. It has been applied to the simple laying open and scraping of sinuses, to the removal of large portions of the diseased bone without interference with healthy synovial membrane, and to the removal of diseased synovial membrane when that was the only or the principal structure involved. But, in order that

this term when used may convey a definite idea of what has taken place, they urge that its use should be limited to those cases in which the synovial membrane and the ligaments are the principal structures diseased and removed, and the bone or articular cartilage is involved only to a slight and subsidiary extent. The practice of calling an incomplete or mongrel operation an arthrectomy is protested against.

They give briefly the details of thirty-seven cases in which they have performed this operation, and, in spite of a number of failures, these seem to show that the operation is feasible, that it is applicable to the knee joint in certain cases, that it is not specially dangerous to life, and that it gives, when successful, a better limb than any other operation.

Fair trial should be made in every case of non-operative means to obtain a cure of the disease, and the length of this trial must be determined for each case separately before recourse is made to this operation; but this delay should not last until the disease is very advanced. When there is evidence of caseation taking place in the tubercular joint the operation should be immediately performed. It may be performed upon patients of any age, but is most practical in the young, because it does not cause arrest of the development of the limb, there being no interference with the bone about the epiphyseal lines.

They prefer the transpatellar opening of the joint by an incision from one condyle to the other across the patella, which is sawed or cut into two halves and turned upward and downward. The lateral ligaments are freely divided, and the whole of the anterior and lateral parts of the capsule, together with the semi-lunar cartilage and synovial membrane, are removed, including the whole of the upper synovial pouch and all of the synovial membrane and pulpy material about the patella and its ligament. The condyles, the crucial ligaments, and the upper end of the tibia are then cleaned of every particle of diseased tissue. Next, by flexion and rotation of the joint, all of the diseased synovial membrane and capsule at the back of

each condyle and in the intercondyloid notch, as well as behind and between the crucial ligaments, is removed. If necessary, the crucial ligaments are taken away, but it is preferable to preserve them if possible. The whole of the semi-lunar cartilage and of the synovial membrane at the back of the joint must be carefully removed, as here diseased material is most liable to be overlooked, and here caseous foci and localized abscesses are often found. Any little pits or doubtful spots in the articular cartilage or bone must be gouged out or scraped, and care must be taken that all morbid material is completely removed. Careful asepsis must be observed throughout. After recovery it is necessary that the patient should wear for a long time an apparatus to prevent flexion at the joint.

The causes of failure of this operation they consider to be, in the order of their importance: (1) Incomplete removal of disease; (2) failure in maintaining asepsis; (3) inability of the patient to repair the wound left by the operation. This is merely that common to all operations, whether conservative or radical.—*N. Y. Med. Journal.*

RESECTION OF THE KNEE.

M. Lucas Championnière gave an interesting account of forty resections of the knee-joint before the Société de Chirurgie. He said that resection of the joint in the case of white swelling gave very favorable results, because it permits the removal of all the diseased parts and suppresses the seat of the tuberculosis, giving at the same time to the patient a useful limb. For a long time a movable articulation was sought for in such cases, but in his mind it was not necessary, as all the patient wanted was a strong and firm support. Out of the forty cases not one succumbed, and he only had some trouble with four. All the others did splendidly in spite of the extreme atrophy and shortening of the muscles witnessed after the bandages were removed. He never allowed his patients to put the foot on the ground before two months. By the fifth month walking became fairly good. As to the

influence of the operation on the patients, so often dreaded in such cases, it was always favorable. The general condition became greatly improved, and in some cases where there existed manifest lesions in the lungs before operating, these lesions disappeared during the convalescence. But to obtain good results certain precautions must be observed. First, the operation must be complete, and, secondly, no suppuration must take place. Hitherto, M. Lucas renewed the dressings frequently, but at present he has greatly simplified the after treatment. The details of the operation are as follows:

Esmarch's bandage is applied, and a curved incision, the concavity looking downwards, is made and the bones laid bare; they are then sawn two-thirds through and the chisel finishes the separation. When the bones are removed, the delicate part of the operation commences, for the fungoid growth must be sought for carefully and removed thoroughly and the posterior parts of the bones scraped. Both ends of the cut extremities are then brought together and sutured with silver wire and the skin drawn by silk. Two drains are placed, one on each side, and an antiseptic dressing applied. On the twenty-fifth day drains and sutures are removed and a new dressing applied, and the limb put up in starch. On the sixtieth day all this is finally taken away, and the patient is allowed to try to walk. Later on M. Lucas applied an elastic knee bandage to strengthen the region.

—*Med. Press and Circular.*

ABDOMINAL SECTION IN CASES OF TUBERCLE OF THE PERITONEUM, ETC.

Dr. Gardner (*Montreal Med. Jour.*) concludes an article on the above subject as follows:

1. The hitherto accepted universally fatal prognosis of tubercular peritonitis must, as a result of what we have learned by abdominal section, be revised. It is certain that recovery has taken place in many cases after abdominal section, and probably in others not so treated.

2. My cases afford some evidence in favor of the theory that a cheesy deposit, the result of suppuration, is the parent of tubercle wherever found.

3. In these cases the origin was in the suppurative disease of the appendages.

4. The early removal of such focus is urgent in certain subjects strongly predisposed to tubercle, when other indications may not be strong enough to justify it.

5. Abdominal section in these, as in less serious conditions, has with proper precautions been, as an operation, recovered from in such a large proportion of cases as to amply justify its performance to clear up a doubtful case.

6. A mass of evidence has accumulated in favor of the beneficial effects of abdominal section in tubercular peritonitis such as is difficult to resist.

SYMPATHETIC OPHTHALMITIS.

Although sympathetic ophthalmitis is most disastrous in its results and little amenable to treatment, the uncertainty whether it will, in any given case, result from an injury capable of producing it often makes a surgeon hesitate to urge that which has hitherto been considered the only certain preventive, namely, enucleation of the injured eye, and this is especially the case when the injury is not of such a nature as entirely to destroy vision. When vision has been obviously rendered impossible in the injured eye, enucleation is the almost universal practice in this country.

During the last decade much more definite views have obtained as to the pathology of sympathetic affections, and the theory that true sympathetic inflammation is of septic origin, and due to the transmission of microbes to the second eye through the lymph spaces of the optic nerve and chiasma has been very generally accepted, but there does not appear to have been any corresponding change in practice. Indeed, it seemed that modern pathology had but endorsed the ancient practice which had been arrived at empirically, for if the injured eye formed a nidus

for the propagation of these nefarious micro-organisms, surely the reasons for its removal at the earliest possible moment were the more cogent.

M. Abadie, however, in a paper in the current number of the *Annals d'Oculistique*, maintains that the propagating power of the microbes may be destroyed within the eye and the necessity for enucleation thus avoided. It is not unlikely that in France these views will obtain wide acceptance, for there has always existed there a much greater prejudice against enucleation than in this country; a shrunken, misshapen, and repulsive-looking organ generally being preferred to an empty socket. This may in part be due to the fact that French surgeons do not hesitate to allow an artificial eye to be worn over such a stump, while in this country such a proceeding has generally been considered likely to excite sympathetic trouble in the other eye. It is beyond the scope of this article to inquire how far the recognition of the distinction between sympathetic neurosis and ophthalmitis calls for a reconsideration of this view.

The plan proposed by M. Abadie is, when the case is seen early, to cauterize the wound very freely with the galvanocautery, and to dress it antiseptically. If the case is seen later, when inflammation has already been set up in the injured eye, presumably by the germination of microbes, he proposes to sterilize the eye by injecting into it a few drops of solution of corrosive sublimate (1 in 1,000). This sets up a rather severe irritation, and he believes that it destroys the propagating power of the microbes; in fact, he appears to consider it as efficient a safeguard as excision, and when the second eye has become affected he adopts a similar treatment for it, but is careful to inject an exceedingly minute quantity.

We much doubt whether these views will be confirmed by a wider experience. There can, of course, be no doubt as to the advisability of a thoroughly antiseptic treatment of recent perforating wounds of the globe, and it is almost certain that if applied sufficiently early it would prevent the

occurrence of sympathetic inflammation; but when germs have already entered and inflammation has been excited, it is difficult to believe that any agent which does not totally destroy the tissues can be absolutely relied upon to sterilize them; and if the injured eye has been destroyed we ought not to rest content with placing the other eye in a condition of comparative safety only, when we possess in immediate enucleation the means of rendering it absolutely secure. If the patient refuses his consent to enucleation, evisceration, with antiseptic irrigation of the scleral cavity, probably stands next in point of safety, and no doubt some would put it on a par with enucleation; while if Mr. Mules's modification of introducing a glass sphere be adopted, a cosmetic effect may be obtained which, on an average, would probably be as good as, or better than, that which would result from retaining a shrunken globe. Resection of the optic nerve has also been proposed as a substitute for enucleation, and has recently been rather warmly advocated in some quarters. We propose shortly to consider its claims.

—*British Med. Journal.*

A CASE OF XANTHELASMA.

Some time since, when reading Professor Ziemssen's work on "Diseases of the Biliary Organs," I came across a remark by Schuppel, that xanthelasma was the skin affection most frequently met with in association with chronic jaundice. Practicing as I do for the greater part of the year at Carlsbad, it occurred to me, that, as this well-known watering place is frequented by such a large number of persons suffering from one or the other form of icterus, I ought to meet with a corresponding number of cases of xanthelasma. It so happened that soon after this reflection a case which may fairly be described as unique in regard to its extension came under my observation.

The patient was a young man, æt. twenty-three, of Hungarian origin, and he had been the subject of a yellow complexion for some six or seven years,

the cause of which could not be ascertained. Soon after the appearance of the yellow coloration he became subject to a troublesome itching, and treated himself to a course of strong purgatives, but without any beneficial result. Four years later he contracted ague, and as late as May, 1880, he was attacked by colic and pain in the abdomen.

When he came to me he was very much emaciated, his skin was of a dirty yellow color, and it was covered with excoriations due to the scratching. The region of the liver and stomach was very prominent, and the liver could be felt as low as the umbilicus, and on the left side to the arch of the ribs. The spleen was also enlarged. Having excluded the possibility of the case being one of *echinococcus*, I came to the conclusion that the case was one of cirrhosis of the liver, due to blockage of the ductus choledochus, probably by gall stones. He improved considerably after a stay of seven weeks at Carlsbad, but the pigmentation of the skin and the abnormal color of the urine and feces remained the same. At this time no skin affection of any kind was present.

He returned to Carlsbad the following year, by which time the color of the skin was a trifle lighter, and the liver had not perceptibly increased in size. I remarked, however, on his elbows, knees, and buttocks a number of small nodules the size of lentils resembling enlarged warts. There were also some on the upper lip, the ears and on the forehead, and a single tubercle on the eyelid. This one was the last to make its appearance.

In December, 1880, I saw him again and showed him before the Medical Society of Buda Pesth. The xanthoma had spread to such an extent that it was evidently a case of xanthomatous diathesis. The elbows, knees, and what was more remarkable, both nates were covered with yellowish brown, rather resistant and somewhat painful nodules, which were in such close proximity to each other that there did not appear to be any room for more. Starting from the coccygeal region and extending up the spine to about the middle, I found a great number of small and soft riband-

like nodules closely approximated. There was still one nodule on the eyelid. Even the old vaccination scars were involved. It was worthy of remark that none were present on the palms of the hand, which, however, exhibited a pale, waxy-yellow discoloration in stripes, like thinned skin covering pus in the subcutaneous cellular tissue.

Professor Schwimmer coincided with the view taken by Addison and Gull, observing that the cases he had hitherto met with had not been associated with enlargement of the liver. Kaposi, however, records that out of twenty-seven cases he found the disease associated with jaundice in sixteen, so that the relationship of the two cannot well be overlooked.

Chambord observes that certain arthritic conditions, especially when accompanied by hemicrania, disease of the liver is of great etiological importance in considering xanthelasma. Tonton does not believe that there is any necessary association with the gouty diathesis, holding that the irritation set up in a primarily predisposed person by the constitutional disturbance due to the general malady would tend more towards the development of the disease in question than in cases in which the condition of the blood was normal. He believes, moreover, that xanthelasma would have made its appearance in any case.

The possible connection between xanthelasma and those other diseases in which the condition of the blood is known to undergo a change is worth bearing in mind. I have never met with xanthelasma in connection with diabetes, but there is every reason to suppose that altered conditions of blood may favor the production or favor the further development of the disease.—HERZKA, *Med. Press and Circular*.

LAPAROTOMY FOR TUBERCULOUS PERITONEUM.

At the Société de Chirurgie M. Terrillon presented a little girl on whom he operated a few months previously. When he first saw the child, her general

condition was very bad, the cachexia was profound, and the abdomen hard and swollen, although no ascites was present. When he opened the peritoneum he found it covered with tubercles, and the intestines adherent by means of false membranes. After having destroyed the adhesences and cleaned out the cavity M. Terrillon closed the wound. The child made a rapid recovery, and has gained since the operation eight pounds in weight. M. Richelot said he obtained similar results in two cases, and in each of them ascites to a considerable extent was present. M. Terrier said that all the granulations met with in the peritonitis were not necessarily tuberculous. By inoculation alone could their bacillary origin be proved. He thought also that one should not be too sanguine of the sometimes surprising results which immediately follow surgical intervention. The pulmonary lesions persist, and the amelioration is only temporary.—*Med. Press and Circular*.

MALIGNANT ENLARGEMENTS.

Prof. Adamkiewics (Cracow) read a paper this week before the "Imperial Academy of Science" in Vienna on the "poison of malignant enlargements." He said that these enlargements held a peculiar position in the domain of pathology, and resembled one another in many particulars (tuberculosis, syphilis, etc.), though differing widely in other points. The similarity between cancer and tuberculosis was that each attacked similar organs, that each spread from the same organ, and that each ultimately destroyed that organ. They differed, however, in transmitting the poison from one place to another. Although the profession was unable to say anything with certainty of the origin of cancer, yet experiments seemed to prove that cancer cannot be transmitted as an infection from one person to another, but it may be from one place in the same organism to another. Cohnheim proves this very conclusively in his first volume on pathology, where he shows that cancer transmission is mechanically by means of the cell being

carried to a conducive element where an embolus may form and develop a new center (metastatic). Its mode of transmission may be accepted as belonging to an embryonic force, where the cell is conveyed to another center to fructify.

The author of the paper said he would not enter into the theories of its origin, but desired rather to confine himself to the active poison in the tissue itself. This cancerous virus has a peculiar property of not only occurring in certain individuals, but makes a selection of particular organs. It is conjectured that this morbid poison when transmitted to animals changes its property, or is altered in its nature by vaccination. His experiments on animals enabled him definitely to answer the two following questions:—1st. Has the morbid cancerous substance any selection for the organs in animals? 2nd. Is the activity of the poison depending on the nature of the vaccination?

To these two questions his answers are:—1st. Matter taken fresh from the body of a cancerous enlargement contains a poison. 2nd. This cancerous poison kills animals in a few hours. 3rd. The poison operates principally on the nerve system, and produces death by paralyzing the brain. 4th. Hot or disinfecting matter as carbolic acid destroys the activity of the poison. 5th. In the tissue of the cancer and the place to which it is transferred are always to be found micro-organisms, but these do not bear the poison. 6th. By cultivation the same poisonous property is developed which will again act on tissues with the same certainty. 7th. No other-living tissue contains the same poisonous property. 8th. True cancer, atypic cancer, and cancrroid, contain this poison. The sarcomatous and the adenomatous have not the same activity. 9th. The activity of the carcinomatous virus is prompt, which is a reliable guide to the malignancy of the cancer.

FAMINE FEVER, which means typhus fever following in the wake of famine, has appeared in Ireland. The crops are ruined.—*N. Y. Med. Record*.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

TERMS, \$3.50 PER ANNUM IN ADVANCE.

All letters and communications should be addressed to, and all checks, drafts and money orders made payable to

DR. J. C. CULBERTSON,
EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, August 30. 1890.

The Week.

TUBERCLE BACILLUS.

When Koch made the investigations that led to his discovery of the bacillus tuberculosis, the portals of the unknown in medicine were opened wide enough to afford a peep-crack through which the medical profession were enabled to perceive a new world for occupation. The fields in this new world were at once entered upon for cultivation by scores and hundreds of young men who were imbued with an enthusiasm that led to a ripening harvest that will not be second to the investigations of Jenner, with its resulting delivery of the world from the small-pox pest.

The greatest disease foe of mankind, is, and has been the fell destroyer—tuberculosis. Koch's discovery of the bacillus of that disease is now followed by his equally or more important announcement at the Berlin Congress, where our esteemed townsman and correspondent, Dr. Eric E. Sattler, tells us in his letter this week that Koch said in his paper read before the Congress, that "after many fruitless efforts, how-

ever, he at last found substances which not only retarded the development of the bacilli in the test tube, but also arrested the growth of the bacilli in the animal tissues themselves. Guinea-pigs under the influence of these substances could no longer be inoculated with the tubercular virus successfully, and those that had already acquired tuberculosis in a marked degree were improved, and the diseased tubercular process brought to a complete standstill without in the least impairing the rest of the body."

This looks like a well-defined finger-board pointing in the direction of a vaccination process that will possess all the virtues and properties of vaccine virus. Was there ever such a triumph for science? Only by comparison was there ever such an investigation and such a discovery. To this man should all the world sing pæans of joy and gladness. Never before was such a deliverance from disease and misery as we have here promised. This may be more fully comprehended when we are made to remember that about one-third of the human race succumb to tuberculosis.

The magic door is now open, and so wide that all the world may see through and behold the other fields that are ripe for the investigator and his wand that is to revolutionize our therapeutics.

This betokens the dawn of a new era, when there will be found an exact science in medicine, and when treatment will be by specifics. This is the brightness and glory of the millennial day. And we are ready to say, God bless the man who has opened this door of delivery from disease and death, and taught us such wonderful truths; this man who is in all his ways and observances a true brother in our beloved profession, and to whom emperors, kings, and princess may bow and prostrate

themselves in reverence; no secret processes and patent right, no pools, trusts, or combinations to control have ever touched the hem of the garments of this true, and to-day the most honorable man that breathes the breath of life. This world has no honors, or emoluments that should not be at the feet of Robert Koch.

WOMAN'S SCHOOL OF PHARMACY.

The Louisville School of Pharmacy will begin its seventh annual session September 30. It is a pioneer in the work of educating women as chemists and pharmacists, and the only institution specially devoted to this work. It has an able corps of instructors, and a complete and well-equipped pharmaceutical and chemical laboratory. Its course of instruction is thorough. Its graduates rank high in their profession, and their services are sought for as assistants in first-class pharmacies and chemical laboratories. We are informed that there has been more applications for graduates during the past year than the total number licensed since the the opening of the school. Its regents and faculty give all assistance in their power to earnest students in limited circumstances during their scholastic course, and in obtaining situations after graduation, and also the necessary pecuniary assistance to those who show an aptitude for and a desire to enter business on their own account. Full information and catalogues can be obtained of Dr. Wiley Rogers, Secretary of the State Board of Pharmacy of Kentucky and Professor of Pharmacy in this institution, or Dr. J.-P. Barnum, Dean.

The above is from an editorial page of the *Courier Journal*, and indicates an opening channel for women's services that commends itself to our attention. We have often thought there was no more suitable employment for women than as dispensers in a pharmacy. The labor connected with the business is

light, and the character of service such as to be both congenial and healthful.

It would be a good move on the part of the Cincinnati College of Pharmacy to encourage young ladies to enter their school of instruction, either admitting them to the same classes as the young men or as separate. We see no good reason for a separation of the sexes for such instruction, and believe that mixed classes will do as well as in any other department of the University. There are no doubt very many young ladies who would be only too glad of such an opportunity as this to acquire an education that would practically fit them to earn an honest and honorable living. We believe much of the pharmaceutical service would be improved by the introduction of ladies as pharmacists. They would certainly serve as a wholesome check to any tendency that exists in certain localities to run a pharmacy as a semi-bar-room. We want the ladies to have a chance in this business, and believe they will bring credit and capability to the calling.

The entrance of women to the medical profession has never been a barrier to science, nor have we any recollection that they ever were in any way detrimental to medical progress or lowered its respectability as a profession. As competitors they have hardly been felt by the sterner sex. This may be because they are of a more tender and delicate mould, and are less able to bear the exposures of a severe out-door life, and other physical demands that are ever and anon made upon the general practitioner of medicine. In contrast, pharmacy is an in-door occupation, involving slight demands on physical strength, and without exposures, while there is enough about the business to stimulate the mental ambition of any man or woman.

MEDICAL MISCELLANY.

THE NEW JERSEY LAW REGULATING THE PRACTICE OF MEDICINE.

We have heard considerable comment recently on the law of New Jersey regulating the practice of medicine that requires all physicians to pass an examination before a State board of examiners before they can be licensed, and imposes a fine of from fifty to a hundred dollars, or imprisonment for from ten to ninety days, for practicing in the State without a license. The law is virtually the same as that regulating practice in this State, and to us it seems as fair as could be desired. Certainly it is not surprising that the citizens and physicians of New Jersey should desire the same protection that we have sought for for so many years.—*N. Y. Med. Jour.*

[Chickens will come home to roost. The editor of the *N. Y. Med. Journal*, philosophically accepts the situation].

CHARCOAL FILTERS.

Dr. Frankland's numerous and exhaustive experiments on the powers of filtering materials, both for chemical and biological purification of water, constitute, perhaps, the most valuable mass of data in existence for our guidance in the choice of such materials. As we have often pointed out, his testimony, like that of every other experimenter, is to the effect that all the leading materials, such as sand, coke, charcoal, spongy iron, etc., were temporarily effective, but, for want of cleansing, soon became useless, or even worse than useless. Regarding organisms, he says: "Green sand, coke, animal charcoal and spongy iron, were at first successful in removing all organisms from the water passing through them, but after one month's continuous action this power was in every case lost. The improvement still effected, however, by spongy iron and coke was very great indeed, while the green sand and brick-dust were much less efficient, and the number of organisms in the water that

had been filtered through charcoal was greater than in the unfiltered water." This last result comes sooner or later in all filters not constantly and thoroughly cleansed; but it is peculiarly fatal to the use of charcoal, because there is no practicable way to cleanse it at all.—*Sanitary Era.*

Will our readers kindly note the advertisement of Messrs. John Wyeth & Bros., on page iv. This house does not make statements that are not well founded, and if what they claim for their "Beef Juice" is confirmed, it certainly will prove a boon to vast numbers of the sick and delicate. This house were the originators of Beef, Iron and Wine, which has given them a reputation all over the world.

ACCORDING to a proposal recently made by the French Minister of Public Instruction, the lower grade of medical practitioners, *officers de santé*, is to be abolished, and there is to be a single state examination, which will be the same throughout France. Foreigners will have to undergo all the examinations in order to obtain the license to practice.—*N. Y. Med. Record.*

A CHEMICAL UNION, the aim of which is to monopolize the trade in chemicals, has been formed. It has a capital of \$40,000,000, and proposes the production yearly of 150,000 tons of bleaching powder, 180,000 of caustic soda, and 300,000 tons of other alkalies.

ANTIFEBRIN and acetanilid are identical chemicals, and antipyrin is identical with analgesin.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending August 23, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping- Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....							2					
2.....							2					
3.....									1		1	
4.....												
5.....							4					
6.....												
7.....							3	1				
8.....							1	1				
9.....							2					
10.....	1						1					
11.....							2					
12.....							1					
13.....												
14.....							2				1	
15.....												
16.....							1					
17.....							1					
18.....												
19.....	1		1									
20.....							3					
21.....												
22.....												
23.....							2	1				
24.....							3	2				
25.....			1				5					
26.....												
27.....							1	1			1	
28.....												
29.....												
30.....												
Public In- stitutions												
Totals	2		2				34	8		2	2	
Last week.	2		5		1		14	3	2	1	4	

The following is the mortality re-
port for the week ending August 23,
1890.

Croup.....	2
Cholera Morbus.....	1
Cholera Infantum.....	4
Diarrhoea.....	3
Dysentery.....	1
Diphtheria.....	8
Entero-Colitis.....	4
Typhoid Fever.....	2
Other Zymotic Diseases.....	3-28
Cancer.....	2

Consumption.....	10
Other Constitutional Diseases.....	3-15
Heat Prostration.....	2
Apoplexy.....	3
Bright's Disease.....	2
Bronchitis.....	4
Gastritis.....	2
Meningitis.....	3
Pneumonia.....	3
Other Local Diseases.....	20-41
Deaths from Developmental Diseases.....	5
Deaths from Violence.....	5

Deaths from all causes.....	94
Annual rate per 1,000.....	15.04
Deaths under 2 years.....	22
Deaths under 5 years.....	33
Deaths for corresponding week of 1889....	115
Deaths for corresponding week of 1888....	119
Deaths for corresponding week of 1887....	118

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the
Ohio State Board of Health in 72 cities
and towns during the week ending
August 23, 1890:

Diphtheria: Berea, 1 case; Beverly, 1 case;
Cincinnati, 34 cases, 8 deaths; Columbus, 7 cases,
2 deaths; Defiance, 4 cases, 1 death; Ironton,
1 case; Sandusky, 3 cases; Springfield, 1 case;
Tiffin, 10 cases; Toledo, 3 cases; West Jefferson,
1 case.

Scarlet Fever: Akron, 1 case; Alliance, 1
case; Chagrin Falls, 2 cases; Chillicothe, 3 cases,
1 death; Chicago, 1 case; Cincinnati, 2 cases;
Clyde, 1 case; Columbus, 2 cases; Defiance, 2
cases; E. Liverpool, 1 case; New Lexington,
1 case; Piqua, 1 case; Shawnee, 3 cases; Ver-
sailles, 1 case, and Youngstown, 1 case.

Typhoid Fever: Bainbridge, 2 deaths; Berea,
1 death; Beverly, 3 cases, 1 death; Bluffton, 1
case; Celina, 3 cases; Chicago, 1 case; Cincinnati,
2 deaths; Columbiana, 3 cases; Columbus, 1 death;
Coshocton, 4 cases; Defiance, 1 death; E. Liver-
pool, 1 death; Findlay, 2 cases; Fostoria, 2 cases;
Miamisburg, 4 cases; Mechanicstown, 1 case;
New Lexington, 3 cases; North Amherst, 13
cases; Norwalk, 1 case, 1 death; Salem, 1 case,
1 death; Sandusky, 1 case; Sidney, 3 cases;
Springfield, 13 cases; Upper Sandusky, 2 cases;
Versailles, 1 case; Youngstown, 1 death.

Whooping-Cough: Mechanicstown, 2 cases;
Ottawa, 1 death; Upper Sandusky, 2 cases;

Measles: Cincinnati, 2 cases; Coshocton, 3
cases; Springfield, 3 cases.

No infectious diseases reported to health
officers in following places: Cambridge, Blan-
chester, Bedford, Glendale, Chester Hill, W.
Liberty, Geneva, Wilmington, Smithville, Men-
tor, Aberdeen, Leetonia, Kent, W. Salem, and
nineteen other towns.

C. O. PROBST, M.D., Secretary.

SOCIETY NOTICES.

THE AMERICAN ORTHOPEDIC
ASSOCIATION.

The fourth annual meeting will take place at Philadelphia, September 16, 17 and 18, 1890. The meetings will be held at the College of Physicians, Thirteenth and Locust Streets. The following programme is announced:

Tuesday, September 16.

MORNING SESSION, 10:00 A. M.

Business meeting for the appointment of committees, etc.

10:30 A. M.

Address by the President.

"Spinal Distortions and their Treatment by the Straightened Leather Jacket," Dr. Bernard Bartow, Buffalo.

"Treatment of Deformities of Spastic Paralysis," Dr. E. H. Bradford, Boston.

"Tenotomy for Relief of Deformity in Spastic Paralysis," Dr. Arthur J. Gillette, St. Paul.

"Amputation as an Orthopedic Measure," Dr. Ap. Morgan Vance, Louisville.

1:00 P. M.

Members of the Association are invited to inspect the Presbyterian Hospital, Thirty-ninth and Market Streets; take Walnut or Market Street cars to Thirty-ninth Street. After which lunch will be served.

AFTERNOON SESSION, 3:00 P. M.

"A Ready Method of Counter Traction at the Knee," Dr. Henry Ling Taylor, New York.

"Treatment of Infantile Club-Foot Preliminary to Operation," Dr. F. H. Milliken, New York (by invitation).

"Paralytic Club-Foot," Dr. W. R. Townsend, New York.

"Ten Years' Experience in the Management of Knee-Joint Disease," Dr. V. P. Gibney, New York.

"Sacro-Iliac Disease," Dr. Benj. Lee, Philadelphia.

"The Inefficiency of Mechanical

Treatment in Spasmodic Wry Neck," with a report of three cases, Dr. Geo. W. Ryan, Cincinnati.

"Instantaneous Photograph, illustrating the gait of a child from whom both hips had been removed," Dr. H. M. Sherman, San Francisco.

8:00 P. M.

Reception at the Philadelphia Art Club, Broad and Locust Streets, by the President.

Wednesday, September 17.

MORNING SESSION, 10:00 A. M.

This day will be devoted to the Subject of Rotary Lateral Curvature of the Spine. The following papers will be read, after which there will be a general discussion on the subject by the members of the Society:

"The Nervous and Muscular Elements in the Causation of Idiopathic Curvature," Dr. Benj. Lee.

"The Muscular Element in the Etiology," Dr. Chas. L. Scudder.

"Etiology," Dr. R. W. Lovett.

"Mechanism of Rotation," Dr. A. B. Judson.

"The Mechanical Theory," Dr. O. H. Allis (by invitation).

"Causes," Dr. M. T. Bissel, (by invitation).

1:00 P. M.

After adjournment the Association is invited to inspect the Orthopedic Hospital, Seventeenth and Summer Streets, after which lunch will be served.

AFTERNOON SESSION, 3:00 P. M.

Discussion on Lateral Curvature continued.

"Pathogeny," Dr. Newton M. Schaffer.

"Treatment Especially Applicable to Poor and Dispensary Patients," Dr. V. P. Gibney.

"Treatment," Dr. E. H. Bradford, Dr. B. E. McKenzie, Dr. Henry Ling Taylor.

8:00 P. M.

Reception by Dr. James K. Young, at the University Club, 1,316 Walnut Street.

Thursday, September 18.

MORNING SESSION, 10:00 A.M.

"The Significance and Value of Involuntary Muscular Protection and the Limp of the First Apparent Stage of Hip Disease," Dr. Newton M. Shaffer, New York.

"Treatment of Hip Disease," Dr. B. E. McKenzie, Toronto.

"A Report of Sixty-two Cases of Hip Disease" observed in the practice of Hugh Owen Thomas, Dr. John Ridlon, New York.

"Diseases of the Eye associated with Spinal Caries," Dr. James K. Young, Philadelphia (by invitation).

Posterior Rachitic Curvature of the Spine," Dr. Samuel Ketch, New York.

1:00 P. M.

The Association is invited to visit the Pennsylvania Hospital, Eighth and Spruce Streets, after which lunch will be served, by the invitation of Benjamin Lee, M.D., at 1:30 P. M., at his residence, 1,532 Pine Street, when an opportunity will be offered to inspect his Orthopedic Gymnasium.

AFTERNOON SESSION, 3:00 P. M.

"Lateral Deviation of the Spinal Column in Pott's Disease," Dr. R. W. Lovett, Boston.

"Relief of Paraplegia," Dr. A. J. Steele, St. Louis.

"Prognosis of Pressure Paralysis," Dr. T. Halsted Myers, New York.

"Do Orthopedic Surgeons Operate as Frequently as they Should?" Dr. J. E. Moore, Minneapolis.

"Joint Diseases," Dr. John Ridlon, New York.

"Papers," (titles not sent), Drs. T. G. Morton, Roswell Park, R. H. Sayre and H. A. Wilson.

Exhibition of Appliances and Apparatus.

DISCUSSION ON PAPERS WILL BE OPENED BY THE FOLLOWING GENTLEMEN.

Lateral Curvature, Dr. Geo. W. Ryan.

Deformities of Spastic Paralysis, Dr. Roswell Park.

Amputation as an Orthopedic Measure, Dr. L. A. Sayre, Dr. A. J. Gillette.

Ready Method of Counter-traction at the Knee, Dr. R. H. Sayre.

Paralytic Club Foot, Dr. H. Hogden.

Treatment of Infantile Club Foot

Preliminary to Operation, Dr. J. C. Schaaps.

Ten Years' Experience in the Management of Knee Joint Disease, Dr. George B. Packard.

Treatment of Hip Disease, Dr. J. E. Moore.

Value of Muscular Protection and the Limp of the First Stage of Hip Disease, Dr. C. C. Foster.

Joint Diseases, Dr. W. R. Whitehead.

Diseases of the Eye Associated with Spinal Caries, Dr. H. E. Goodman.

Prognosis of Pressure Paralysis, Dr. C. L. Scudder.

The Relief of Paraplegia, Dr. C. W. Stimson.

Lateral Deviation of the Spinal Column in Pott's Disease, Dr. Dillon Brown.

Posterior Rachitic Curvature of the Spine, Dr. E. G. Brackett.

Sacro-Iliac Disease, Dr. L. A. Weigel.

Instantaneous Photograph, Illustrating the Gait of a Child from whom both Hips had been Removed, Dr. George S. Knickerbocker.

LIST OF OFFICERS FOR 1890.

President—DeForest Willard, M.D.

First Vice-President—A. J. Steele, M.D.

Second Vice-President—A. B. Judson, M.D.

Corresponding Secretary—Samuel Ketch, M.D.

Recording Secretary and Treasurer—Geo. W. Ryan, M.D., 114 W. Ninth Street, Cincinnati.

Membership Committee—Drs. Bradford, Lee, Gibney, Lovett, Weigel.

Committee of Arrangements—Drs. Lee (Chairman), Allis, Young.

HOTELS.

The following hotels will afford accommodations to members at the

prices annexed. They are all within two or three squares of the place of meeting, except the Girard House, which is four or five squares distant:

Colonnade Hotel, Chestnut and Fifteenth Streets. American plan, \$3.50 upward; European plan, \$1.50.

Hotel Lafayette, Broad and Chestnut Streets. American plan, \$3.50; European plan, \$1.50.

Hotel Bellevue, Broad and Walnut Streets. European plan only, \$2.00 upwards.

Stratford Hotel, Broad and Walnut Streets. European plan only, \$2.00 upward.

Girard House, Chestnut and Ninth Streets. American plan only, \$3.00 upward.

Members are invited to visit the Presbyterian Hospital, 39th and Market Sts.; the Orthopedic Hospital, 17th and Summer Sts.; University Hospital, 34th and Spruce Sts.; Children's Hospital, 22d, below Walnut St.; Pennsylvania Hospital, 8th and Spruce Sts.; White Cripple's Home, 44th St. and Baltimore Ave., and the Colored Cripple's Home, 43d and Wallace Sts.

THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS will hold its next annual meeting in the City of Philadelphia, on Tuesday, Wednesday and Thursday, September 16, 17, and 18, 1890, in the hall of the College of Physicians, corner Thirteenth and Locust streets. All physicians interested are invited to attend the several sessions.

E. E. MONTGOMERY, *President*.
WM. WARREN POTTER, *Secretary*.

MR. CHARLES ALEXANDER EASTMAN, a Sioux Indian, has graduated in medicine at the Boston University.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in symptomatic diseases.

TRI-STATE MEDICAL ASSOCIATION OF ALABAMA, GEORGIA, AND TENNESSEE.

PRELIMINARY ANNOUNCEMENT.

The next meeting will be held in Chattanooga, Tuesday, October 14, and will continue in session two or three days.

OFFICERS.

President—Dr. J. B. Cowan, Tennessee.

Vice - Presidents — Dr. Andrew Boyd, Alabama; Dr. James B. Edge, Georgia; Dr. Llewellyn P. Barber, Tennessee.

Secretary—Dr. Frank Trester Smith, Chattanooga, Tenn.

Treasurer—Dr. B. S. Wert, Tennessee.

SECTIONS.

Sections of the various departments with the following chairmen:

Surgery—G. A. Baxter, Chattanooga.

Gynæcology—R. J. Trippé, Chattanooga.

Obstetrics—W. T. Blackford, Graysville, Ga.

State Medicine—P. D. Sims, Chattanooga.

Physiology—W. L. Gahagan, Chattanooga.

Otology—R. D. Boyd, Chattanooga.

Ophthalmology—N. C. Steele, Chattanooga.

Laryngology—Max Thorner, Cincinnati, O.

Psychical Research—J. E. Purden, Cullman, Ala.

Pathology and Practical Microscopy—James E. Reeves, Chattanooga.

Meteorology—E. T. Camp, Gadsden, Ala.

Practice—G. W. Drake, Chattanooga.

Materia Medica and New Remedies—Junius F. Lynch, Sanford, Fla.

Members of the Association are requested to report cases or other matters of interest to the chairmen of the various sections, who will report them at the next meeting.

The objects of our Association are

the encouragement of all that pertains to the elevation of the profession, and the furtherance of all measures for the relief of suffering. We aim to draw together those who respect ethical medicine for mutual acquaintance, for advancement in knowledge, and for stimulation to scientific investigation.

Our membership is not restricted to the three States, and all who can, should join us in the furtherance of the above objects. By furnishing proper credentials and remitting one dollar to the Secretary any physician may be enrolled as a member of this Association.

In due time a circular will be issued giving full particulars of our next meeting, but at present we feel warranted in promising reduced rates on railroads and at the hotels.

The names of firms who apply for space to make exhibits of pharmaceutical preparations, surgical instruments or other articles will be published in our next circular. We are already assured of a large number of exhibits.

DR. J. R. RATHMELL,

DR. W. C. TOWNES,

DR. W. L. GAHAGAN,

Executive Committee.

Address all communications to the Secretary of the Association, Frank Trester Smith, M.D., Chattanooga, Tenn.

A PLEA FOR CIRCUMCISION.

"It is surely not needful to seek any recondite motive for the origin of the practice of circumcision. No one who has seen the superior cleanliness of a Hebrew penis can have avoided a very strong impression in favor of the removal of the fore-skin. It constitutes a harbor for filth, and is a constant source of irritation. It conduces to masturbation, and adds to the difficulties of sexual continence. It increases the risk of syphilis in early life, and of cancer in the aged. I have never seen cancer of the penis in a Jew, and chancres are rare." — JONATHAN HUTCHINSON in *Archives of Surgery* for July, 1890.

REDUCED rates are *only* for those who pay *in advance*.

Bibliography.

DISEASES OF THE RECTUM AND ANUS: Their Pathology, Diagnosis and Treatment.

By CHARLES B. KELSEY, M.D., New York. Third edition. Rewritten and enlarged. Profusely illustrated. New York: Wm. Wood & Co., 1890.

The many advances made in the domain of pathology during the past few years has, in common with other diseases, necessitated improved methods of treatment of affections of the rectum and anus. In the work by Dr. Kelsey we have given us a safe guide, with clear and definite descriptions, well illustrated, of all manner of rectal diseases, including venereal and malignant troubles. The work is a most useful one to general practitioners as well as to the professional surgeon, as all these affections first come under his notice and are amenable to his skill.

ESSENTIALS OF ANATOMY AND MANUAL OF PRACTICAL DISSECTION, together with Anatomy of the Viscera. Prepared especially for students of medicine.

By CHARLES B. MANCREDE, M.D. Third edition. Revised and enlarged. Illustrated with colored plates and wood-cuts. Philadelphia: W. B. Saunders, 1890.

This is the most satisfactory *vade mecum* or hand-book for students of anatomy that has come into our hands. While not taking the place of the larger works, it is eminently adapted for the first-course student in the anatomical course.

FAMILIAR TERMS OF NERVOUS DISEASE.

By M. L. STARR, M.D. With illustrations, charts and diagrams. New York: Wm. Wood & Co.

In no department in medicine has the advances of the past few years been more satisfactory than in that pertaining to neurology. This is happily exemplified in the ability attained to diagnose diseases of the most obscure origin and character, opening up an

entirely new field for the operating surgeon. This unpretentious volume is sent forth to the reader in the form of a series of clinical lectures on the most common types of nervous disease, and compares favorably with the very best work of that prince of professors, the eminent Charcot, of Paris. The volume is well worthy of a place in every general practitioner's library, while the specialist in neurology and surgery cannot afford to be without it.

A MANUAL OF CLINICAL AND PRACTICAL PATHOLOGY.

By W. ESSEX, M.D., and FRANK J. WETHERED, M.D. Philadelphia: P. Blakiston, Son & Co. Published by Robert Clarke & Co. Price, \$50.

• Anatomy being the first, pathology may claim a place in our professional studies as the second corner-stone in the student's studies. The authors of this little volume present us with a treatise that is, briefly, a well wrought and put together book, combining studies of chemistry, pathology and clinical medicine. The illustrations are practical, mostly original, and mechanically well done, and are designed especially as a convenience to those engaged in making original researches.

ON PERINEORRHAPHY BY FLAP-SPLITTING.

By FANCOURT BARNES, M.D., M.R.C.P.

This is the clearest description of the simplest and best of procedures for repairing the ruptured perineum. He follows the different steps as gone over by Mr. Lawson Tait in operating. This beautiful and well-written book should be in the hands of every practitioner, as well as every operating gynecologist. If in the hands of both, pessaries would soon become curios seldom seen and rarely used. E. R.

ESSENTIALS OF DISEASES OF THE EYE, NOSE AND THROAT.

By JACKSON and GLEASON.

Among Shumacher's Question Compends, the one of most value to the general practitioner will be that entitled

"Essentials of Diseases of the Eye, Nose and Throat," by Jackson and Gleason. Like its fellow compends, it is but a compilation of answers to questions. It presents in a most forcible and thorough manner those rudiments which are essential for an appreciation of the cases seen in practice. In the second part, treating of diseases of the throat and nose, Gleason has succeeded in condensing into a small volume a great amount of information, which is of value to him who, although not a specialist, still feels himself competent to treat the affections described.

G. A. F.

THE THROAT AND NOSE, AND THEIR DISEASES.

With one hundred and twenty colored plates and two hundred and thirty-five woodcuts, designed and executed by the author, LENOX BROWNE, F.R.C.S.E. Third edition. Revised and enlarged. Philadelphia: Lea Brothers & Co., 1890.

While the language of another reviewer in another medical journal characterized a former edition as one of the completest treatises on diseases of the throat in any language, the author was wise enough to know that to be satisfied with a present triumph was to go back, or open the way for a supplanter who would be on the alert to give his profession all that had been given, in addition to the newest knowledge on so important a theme as the subject of this good-sized volume. Hence, the author gives us this new edition, which may again be said to be one of the completest treatises on diseases of the throat in any language.

TRANSACTIONS OF THE AMERICAN SOCIETY. First Session in Washington, D. C., and Baltimore, Md., September, 1889. Together with the Proceedings of the Meeting for Organization held in Washington, D. C., September, 1888. Vol. I.

Edited by WM. PERRY WATSON, M.D., Recorder.

This is the initial work of a vigorous society of specialists, that is destined to do a good work in one of the most important fields of professional labor.

We have here fairly illustrated the advantages and necessity for a division of labor, as it is not possible for any man, no matter how great his ability and versatility, to become proficient in the entire domain of medicine. The papers in this volume of transactions are highly creditable, and evince an enthusiasm among the members that is highly commendable.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1890.

Published by the Society.

This year's session was held at Albany in the month of February, and is replete with the good work of the medical profession in the Empire State. The volume is handsomely issued.

USES OF COFFEE.

It is asserted by men of high professional ability that when the system needs a stimulant, nothing equals a cup of fresh coffee. Those who desire to rescue the drunkard from his cups will find no better substitute for spirits than strong new-made coffee, without milk or sugar. Two ounces of coffee to one pint of boiling water makes a first-class beverage, but the water must be boiling, not merely hot. Bitterness comes from boiling too long. If the coffee required for breakfast be put in a granitized kettle overnight, and a pint of cold water be poured over it, it can be heated to just the boiling point, and then set back to prevent further ebullition, when it will be found that while the strength is extracted, its delicate aroma is preserved. As our country consumes nearly ten pounds of coffee per capita, it is a pity not to have it made in the best manner. It is asserted by those who have tried it that malaria and epidemics are avoided by those who drink a cup of hot coffee before venturing into the morning air. Burned on hot coals, it is a disinfectant for a sick-room. By some of our best physicians it is considered a specific in typhoid fever.—*The Epicure*.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

THE MEASURE OF INTELLIGENCE.—It seems that Nature, in the repartition of its gifts, proceeds by a system of compensation. The flowers that exhale the sweetest perfumes are not those that offer the most brilliant colors to delight the eye. In the same manner the greatest souls do not often inhabit the most handsome bodies. *Æsop*, *Pope*, *Oberkamp* and the *Marshal of Luxembourg* were humpbacks, while *Shakspeare*, *Byron*, *Walter Scott*, *Tamerlan* and *Benjamin Constant*, were cripples; while the immortal *Scarron* was so deformed that his body resembled the letter Z. We all know that the humpbacks and cripples we meet daily are rarely ever stupid fellows, while small dwarfed men have always been highly endowed with intelligence. Even *Virgil* noted this in his verses, for he said: "*Ingentes animos Augusto corpore versant*," and *Victor Hugo*, in speaking of *Charlemagne*, remarks that "he was one of those rarely great men who are large men." The German writer, *Quade*, published a book in 1736, entitled, "*De Viris Statura Parvis et eruditione Magnis*" (On men of small stature and great scientists).

The list of small men celebrated is very large. There is *David*, who killed *Goliath*; *Alexander the Great*; *Attila*, the plague of God; the philosopher *Olympics*, of *Alexandria*, who thanked God for not having given him a large body of corruptible matter to enclose his soul. *Gregory*, of *Tours*, was a small man, as well as *Phillip Augustus* and *Alfred the Great*. The latter was ordered by the Pope to rise from his knees, as his Holiness thought *Alfred the Great* was kneeling, he was so small. *Vladislas IV.*, King of *Poland*,

was a little fellow, as were Erasmus, Argus and Pope Jean VIII. Napoleon I., and Thiers the statesman, had great souls enclosed in small bodies.

* * *
WHY SHE TOOK A BATH.—Madam d' Escliguac was very hysterical, and always believed herself to be dangerously ill. Her physician, Dr. Brouvart, prescribed a simple diet for her. Every morning on arising she was to take a glass of clear water; half an hour later a cup of chocolate, and ten minutes later another glass of fresh water. One morning she forgot the order and took her chocolate, with the water afterwards. Greatly alarmed, she sent post haste for the physician. She was almost speechless when he arrived, so great was her fear of disobeying a doctor's order. The physician was a wise man. He took in the situation. "You are right in sending for me," said he, "as such accidents may be serious when not promptly attended to, but happily this may be easily remedied. You took your chocolate first and the water afterwards, when my directions were to take the chocolate between two layers of water. Now, Madam, jump into the bath tub, and all will be well." She felt the force of his argument, took the bath and recovered.

* * *
DID NOT FOLLOW THE PRESCRIPTION.—The Physician—"Ah, your pulse is excellent, your tongue is clean; your eyes are clear. I see you have followed my prescription."

Patient—"Followed your prescription? No indeed, Doctor. Had I done so, my neck would be broken."

The Physician—"How? I do not understand you, sir."

Patient—"I threw the prescription out of the window!"

* * *
SURGICAL SKILL.—A French army officer was wounded at Grivolotte, and was carried off the field shot through the thigh. For eight days the surgeons sought in vain for the ball. The officer, who suffered greatly from the continued probing, was one day so ill bred as to ask: "What are you probing me so often for?" and was astonished at the an-

swer: "We are searching for the ball." When he exclaimed: "H—! is that it? Why, it's been in my vest pocket since the day I was wounded. I pulled it out with my fingers before being carried from the field."

* * *
THE EFFECTS OF A BEARD.—The Grand Cond was amorous with the beautiful Ninon de Lenclos, and had obtained her favor, but in time the Prince grew less passionate. Ninon was well instructed in certain arts, and knew her Latin. She remembered that old saying of Horace: "*Vir pilosus, vel fortis, vel libidinosus*" (the bearded man is brave and passionate). "Ah! Prince," cried she, smiling ironically, "you will never be courageous until you raise your beard."

* * *
KNEW THE TEMPERATURE WITHOUT A THERMOMETER.—The Doctor—"You must take due precaution in bathing the child. Be sure and judge the warmth of the water by the thermometer!"

The Nurse—"The thermometer? Why use that thing? I can tell whether the bath is too warm or too cold without it!"

The Doctor—"How can you tell, nurse?"

The Nurse—"How? Why, if the baby comes out of the bath tub *blue*, the water is cold; if it comes out *red*, the water is hot. It is very simple when you understand that the baby itself is a good enough thermometer."

* * *
THE NAUGHTY CLERICAL.—A priest one day went to consult Ricord in regard to an excoriation on his scrotum. "I attribute this sore place," said he to the great syphilographer, "to the rubbing of my gown while kneeling at service." At a glance Ricord saw that the affection was syphilitic, and remarked to the priest: "Well, if I were you, Father, I should place that gown in a venereal hospital, for it has a terrible case of pox. You ought not to associate with that gown any longer."

* * *
 [TO BE CONTINUED.]

Sp. Med. Soc. Kentucky.
Kentucky County, Ky.
4-20-1939, p. 25, no. 14, 17-19, 24-25.

THE

CINCINNATI LANCET-CLINIC:

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Whole Volume LXIV.

Original Articles.

RACHITIS, WITH OSTEOTOMY FOR RESULTING DE- FORMITY.

A Paper read before the Clark County Medi-
cal Society, June 12, 1890,

BY

WILLIS W. HALL, M.D.,
SPRINGFIELD, O.

Rachitis, or rickets, is one of the most common of diseases. It is found most largely in densely populated and large cities, and is distributed over every quarter of the globe.

There is scarcely another chronic disease which varies so much in the severity of its symptoms as does this one, ranging all the way from the most hopelessly crippled conditions down to a vanishing point which requires the greatest care in order to establish its existence.

It is not reasonable to suppose that the disease is any more prevalent now than formerly, but it is fair to assume that it is more frequently recognized. While it is most largely found among the poor, I am convinced that, even with my limited opportunity of observation, one need not go exclusively among them, but that it is seen, and that frequently, in its milder manifestations, among the better classes. Here it is seen in families with a lack of general rugged development and health. The principal reasons why the disease is oftener recognized now than formerly are found in the fact that within a few years a closer study has been made of its pathology, and the brilliant results obtained by radical treatment of the resulting deformities have drawn atten-

tion to what may be done for a large class of pitiable children. While the question of its exact pathology is not yet satisfactorily settled, the matter of dealing with the deformities has made remarkable progress, and the satisfactory results obtained have been the means of stimulating physicians to greater efforts in the study and management of these cases.

The disease generally begins very early in infant life, and is sometimes well marked at birth.

The changes most frequently noticed are those of large open fontanelles, prominent frontal eminences and projecting forehead, and the curvatures, thickenings and fractures of the bones of the extremities.

I believe that the commonest cause of spinal curvatures in young children is rickets; and while it may arise, and doubtless often does, in children from the sixth to the fifteenth year, the general faulty nutrition in these cases is, in my judgment, rickets in mild form affecting the intervertebral cartilages, muscles and ligaments.

The pelvic changes, while almost, if not quite, impossible to be made out under ordinary circumstances during life, are, when occurring in the female, the cause of those dreaded cases in the hands of the obstetrician, requiring the Cæsarean operation or some of its modifications, or that almost barbarous procedure, craniotomy, with the living child. Changes in the limbs are quite pronounced, even in the moderate cases so far as the other symptoms are concerned. The shafts become thickened at the extremities, the humerus at the elbow, the radius and ulna at the wrist, producing with the latter bones that broad, "clubby" wrist that we so often see, and these generally precede the

changes in the lower limbs that produce curvature in the entire limb or curvature in the individual bones from end to end. Bow-leg, or genu varum, is common; knock-knee, or genu valgum, is not so common. The latter deformity is not due so much to curvature of the bones as to the excessive growth of the internal condyle, which forces the tibia out of the normal angle to the femur. The ligaments are often weakened owing to changes of nutrition in them and the ends of the bones to which they are attached, thus forming a loose joint and at times causing a false impression. Such a joint may be mistaken for a true genu valgum, but a more thorough examination reveals the true condition.

Fractures are very common. One case is reported where a girl of fourteen years had had her thirty-first fracture, and her sister, six years of age, had already had nine.

The most uniformly present, and at the same time the earliest manifestation of the disease, is the formation of beads at the junction of the ribs with their costal cartilages, called the rickety rosary. They may be found from the second month on through childhood, but disappear with adult age.

The potent factors in the causation of rickets are, in their order of probably greatest influence: improper food, bad habitation (foul air and dampness, want of sunlight), improper clothing.

In the matter of heredity, there is no great probability that the disease is transmitted from father to son; but the health of the mother during pregnancy, or, for that matter, before pregnancy, undoubtedly has an influence in the development of the disease. I have recently taken notes in a family where Mrs. Jesse C. is the mother of ten children. The sixth, ninth and tenth, aged respectively ten, five and three years, show anterior curvature of the tibiæ and fibulæ, knock-knee, and bow-legs, in the order named. In the Taylor family there are two children, the older of which I present here with photographs showing condition before and after operation. Bertha is past five and Nellie is three. The latter shows very similar conditions to the

former, only in a less marked degree. In Bertha there existed slight flattening and bending of the tibiæ, in addition to the knock-knee.

In the treatment the greatest care should be enjoined in the matter of diet, long hours out of doors, and proper clothing. There is no specific remedy for this disease, but I believe greater good can be accomplished with cod-liver oil than all the rest of the *materia medica* combined.

The strong natural tendency towards recovery should not be forgotten, and greater efforts made in the line of general care. Even in the poorest and least intelligent families a great deal can be accomplished by specific instructions to take the child out so many hours each morning and evening, and pursue regular bathing and rubbing of the body and limbs.

We can even with those who see no virtue in medicine except through mystery, have the rubbing accomplished by directing beech bark or willow bark in whisky, to be rubbed into the limbs for fifteen minutes every night at bed time, or after full bath every second morning. I have heard old ladies stoutly affirm cures in their families from the use of hemlock boughs in whisky bathed about the limbs and hips. Of course, the virtue was entirely in the rubbing and whisky. Every third bath should, in any case, have one of the simple oils used, and it is surprising how much can be done in stimulating a healthy growth in the flabby muscles and thus preventing spinal and other deformities. Cod-liver oil may be rubbed into the skin advantageously in young subjects with very delicate stomachs, and the good following its use in this way would indicate that the skin has the property of absorbing a part of it at least.

The treatment of the deformities should play no small part; for who has not seen the little victims of this disease with distorted arms, crooked wrists, bow-legs and knock-knees, many only severe enough to be unsightly, others so pronounced as scarcely to be able to go about?

In severe cases, with the bones still soft and yielding, the recumbent pos-

ture should be ordered, or if in the lower limbs only, that which answers as well is to allow the patient to sit and crawl, but with a splint projecting so far below the foot as to prevent walking. If the child is walking, and a decided curvature already exists, either as genu varum or valgum, the child

It becomes necessary to perform these in some cases that could be very well treated by apparatus, because the parents can not possibly get the means with which to buy the braces.

I present a patient and these photographs of her, showing the relief afforded her by operation. Bertha E. T.,



Bertha E. T., before operation.



Bertha E. T., after operation.

under four or five years, the bones yielding, the usual knock-knee or bow-leg apparatus should be applied as the case requires. If over five years, and the bones unyielding, and this will usually be the case after that age, then the more radical procedures are indicated. These are osteoclasis, or fracture, and osteotomy, or cutting of the faulty bones.

aged five years. I made a Poore's modified McEwen's osteotomy of both femurs for the cure of knock-knee. I operated with the assistance of Dr. G. D. Brinkman and Dr. Will R. Lee, on right femur May 5, left femur May 16. This photograph was made last September, and after that time to date of operation the deformity had increased

appetite by anything nauseating, which would necessarily prevent the eating of the ordinary meal. Moreover, cod-liver oil must be looked upon as a food, and it is the universal experience that the appetite fails after eating.

To sum up, I would say:

1. That cod-liver oil is of no service, and may be harmful, in advanced phthisis when oxidation is lessened.

2. It is of great service in chronic bronchitis of the aged and incipient phthisis.

3. It should be given in small doses after meals.

ANTIPYRINE IN ERYSIPELAS.

Dr. Favre, of Fribourg, says the *British Medical Journal*, has reported an unusually severe case of erysipelas showing the high curative value of antipyrine. A woman, aged thirty years, suffered from facial erysipelas accompanied by somnolence, vomiting, constipation, and high fever. In spite of applications of cold, carbolic acid, ichthyol, corrosive sublimate, strips of adhesive plaster, etc., the morbid process gradually extended over the scalp, neck, chest, upper extremities, abdomen, and buttocks. On the tenth day the administration of antipyrine was begun, with the result that the febrile symptoms were at once decidedly reduced, the eruption soon ceased to spread, and the patient's subjective state was greatly improved.

HYPODERMIC INJECTIONS OF PILOCARPINE.

Dr. Holtenhoff, of Geneva, recommends that the utmost caution should be used in regard to subcutaneous injections of pilocarpine. He has observed cases where even 1-100th gr., or 1.75th gr. of the drug gave rise to such disagreeable accessory effects as collapse with cold sweats and an agonizing sensation of impending dissolution. Not more than 1-200th gr. should be the dose to commence with. According to the author's estimation, even 1-100th grain may prove sufficient to kill an adult man.—*British Med. Journal*.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of June 9, 1890.

The President, C. D. PALMER, M.D., in the Chair.

J. M. FRENCH, M.D., Secretary.

DR. F. KEBLER read a short paper on

The Use of Cod-Liver Oil in Chronic Diseases of the Lungs.

DISCUSSION.

DR. J. L. CLEVELAND said that he was glad to hear the paper, because it explained several things which he had observed in practice and could not account for. First he had observed that as long as the patient taking oil continues to have an appetite, the oil seems to do good; but that as soon as the appetite fails, the patient seems not to progress so well on the oil. In the early stages of phthisis we all know that oil is a tonic and does good.

DR. RYAN stated that he had used cod-liver oil a great deal in the surgical diseases of childhood. At one time he used it for a series of years, and was satisfied that it did a great deal of good in rachitic and tubercular diseases of childhood, but of late he had entirely given it up, using hydriodic acid, maltine, etc., and his results had been just as good. He had used only the pure oil, discarding the emulsions because they are for the most part counterfeits. The most notorious one for example, is very palatable, but has no cod-liver oil in it at all, as an examination by a reputable chemist has proven.

Cod-liver oil with children seems to do even better than with adults. In very young children he used it only by inunction, and he thought it was of service in that way.

DR. A. N. ELLIS thought that if cod-liver oil is not taken into the blood, there would be no argument in favor of its administration. He conceded, however, that it was of great value to the practitioner at two periods of his life.

First, the young physician who knows nothing can in a doubtful case write for cod-liver oil; and second, the old man who has forgotten everything he ever knew, can write for cod-liver oil.

DR. BOYLAN asked Dr. Kebler whether he had any experience with the "extracts" of cod-liver oil.

DR. KEBLER, in concluding the discussion, said that, with reference to the giving of pancreatine or an emulsified cod-liver oil, the point he had endeavored to make was that no matter how the fat is taken up, it cannot be used until it goes either to the lungs or to the liver. In an advanced case of phthisis the lungs are so destroyed that oxidation is very much diminished, and it is a wonder to us that people can live with so little oxidizing surface. It matters not how much you emulsify your fats, they must pass lungs or liver. It does harm, therefore, by clogging up and destroying the cells of the liver. Second, it acts as an irritant, just as castor oil does.

The speaker agreed with Dr. Ryan with regard to the use of the pure oil.

With regard to morrhual, he had observed it closely in only two cases. In one case, now at the hospital, the patient has not only tuberculosis, but has an anal fistula. The patient is too weak to be operated upon, but he likes the morrhual and appears to be getting better. In another case in private practice the morrhual acted very well. He was not satisfied that morrhual is what it is said to be—the active principle of cod-liver oil—for he did not know just what that term meant. The great use of cod-liver oil, he concluded, is as an expectorant, especially in chronic bronchitis.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists,

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

Translations.

SYPHILIS AT ROME UNDER THE CÆSARS.

Extracts from the new work of Dr. F. Buret,
"La Syphilis Aujourd'hui et chez les Anciens."

TRANSLATED BY

THOMAS C. MINOR, M.D.

At that time all venereal maladies were confounded under the same name, *i. e.*, *morbus indecens*. Ignorant of the protean form of the disease, the Romans did not suspect its diathesis, but employed different terms to designate the syphilides according to their aspect, size, number and location. Thus the *mariscæ*, located in the anus, were voluminous, obstructing the rectal orifice. This description may well be applied to papulo, hypertrophic syphilides. The papular syphilides, vulvar or præputial, less large; in fact, all syphilides were designated by the word *ficus*. The expression *fi* or *fix* in the Middle Ages, afterwards *fic*, which remained in the French language up to the eighteenth century, descended directly from the term *ficus*, and that which proves that it was the word consecrated for this purpose under the Romans, is that it furnished the adjective *ficosus*, and even the superlative *ficosissimus*, employed to designate the victims more or less affected by an evidently contagious venereal affection. The origin of this denomination (*ficus*, *fici*, declining as *hortus*), is the reddish and granular appearance of the fig (*ficus*, *fici*, declining as *domusus*). All the world knows when this fruit is cut in two, that it resembles the papulous syphilide that erodes the genital parts of the body, the clinical *mucous patch*. In olden times an epigrammatic poet said ironically to a courtesan, that she wore buttoned on her privates something that projected.

The roseola and other exanthemata, or the pustules of the secondary period were designated by the expressions *maculæ*, *pustulæ*, *lucentes*, *sordidi*, *lichenes*. They were disgusting cutane-

ous symptoms. As general terms we find they used *scabies*, a word we translate as itch, but which is more often employed in the sense of *ulcerated pustules*, also an adjective, *scabiosus* that indicated a stronger and more generalized manifestation than *ficosis*, such as ulceration of the gums. We notice also, in the same order of ideas, the epithet *putridus*. The *triste mentum*, designated the disease localized on the chin and lower lip; *ulcus putre, acre in ore*, ulcerated, putrid, virulent in the mouth, represented the class of *buccal syphilides*; the *cæcum vulnus*, hidden wound; *ulcus turpe*, shameful ulcer, were the syphilitic ulcerations located in the genito-anal region, but especially on the sexual organs. Finally, the gummy ulcers of the vulva may be suspected in the expression *cunni vermiculos scaturientes*.

According to the historian Herodianus, the Emperor Commodus contracted from his debauches *large tumors in the groin* and ulceration on his face and eyes. Cannot we be permitted to suspect that this monarch was syphilitic, for his habits were vicious and cruel?

Valerianus, (consul in 254), who left some memorable writings for his time, reports a case of syphilis, according to some authors, who cite the following passage without entering into a discussion:

Pulcher, having passed an innocent youth, wholly ignorant of the charms of Venus, one day entered a scandalous life, for he had a wild passion for a prostitute of low degree. He contracted a disease that covered his body with red spots, and died in a state of consumption.

Doubtless the critical reader may ask why the author has chosen the expression *consumptus est*, which would indicate the idea of a slow death by

gradual wasting, while it would have been so simple to employ one of the numerous Latin words that signify to die, as for instance, *mortuus est, ob iit, cecidit*, etc. But this is often not all the question. This proof of the antiquity of syphilis rests on a magnificent *contra sense*, and we are surprised that the partisans of the American origin of syphilis have not noticed this fact. The latter cannot apply to us the reproach of Human: "One would be tempted to believe," says he, "that it is the common weakness of all authors to hold back the truth when it is contrary to the opinion they are endeavoring to maintain." So Valerianus placed *erubescence genere* (a present participle) which might be translated as an *eruption characterized by redness*; but in the original we read *erubescendo* (a future participle) which has a different significance. We see that this Pulcher gave himself up to debaucheries, among other things those of the table, and died in a shameful manner," a victim to his gluttony. In fact, nothing is authorized in a rigorous translation to note any medical allusion on the part of the Latin author. Yet that this poor wretch may have died of the syphilis, nothing is more likely. But to criticise impartially makes it our duty to declare that according to all appearances the expression used by Valerianus does not intend to mean that the victim died of the venereal malady.

Let us now approach Martial, one of the most licentious authors of antiquity, but whose works furnish us a rich collection of facts. The reader who is familiar with a summary of Roman morals at that epoch knows what to expect. But we have one law in all translating of this kind, *i. e.*, we shall give a correct medical sense of each word rather than be overpersuasive in order to sustain our side of the question. Let us examine the texts that treat of venereal affections without a prejudice as to their nature. In this order of ideas we will first meet the epigram so often cited in proof relating to a passive sodomite who communicated a contagious disease to a young man: "*Thy young slave has a*

disease of the penis; thine, Nevolus, is in the anal region. I am no sorcerer, but I can discover thy habits."

*"Mentula quum doleat puero, tibi Nævole, culus;
Non sum divinus, sed scio quid facias."*

This affection, that Martial only mentions to prove the *passitivity* of his personage, recurs at once to syphilitic accidents due to soft chancres. It may be, perhaps, objected, that it only meant a pain in irritated parts, but a literal translation of the text proves the contrary, for the *contagion* is evident.

Further on, Martial, in one of his epigrams, denounces a celebrated beauty, famed for sculptural form and features, as dangerous for young men to approach, but he does not specify the nature of her *professional* malady. He remarks: "I recommend thee, Rufus, that Chione reads not my work. She is wounded by my verses, but she can also wound."

*"Ne legat hunc Chione, mando tibi, Rufe, libellum.
Carmine læsa meo est, lædere et illa potest."*

It is the same in that other a little more complicated play on words, in which Martial speaks of a disease of the penis whose nature he cannot determine. "The Greek Baccarira has confided to a physician, his rival, the case of curing his penis. Baccarira is to become a eunuch."

*"Curandum penem commisit Baccarira Græcus,
Rivali medico, Baccus Gallus erit."*

The *finese* of this pleasantry, proposes on its double meaning of the word *gallus*, which might mean a castrated priest or Gaulois. This Greek goes to change his nationality by losing his vitality owing to his imprudent confidence in a rival. But let us pass from close comparisons, for the intricacies of a foreign tongue are always difficult to seize, even by the best translators, and Martial would even curse more obscure explanations. Let us approach the case where the terrible symptoms of tertiary syphilis or an ulcerating epithelioma lead a Roman nobleman to suicide. "His throat, cruelly attacked by a horrible and devouring malady, which also made dreadful injuries on his face,

Festus, without shedding a single tear, consoled his weeping friends, and made a resolution to go and visit the Styx.

*"Indignas premerit pestis genum tabida fauces
Inque ipsos vultus serperet atra lues.
Siccis ipse genis flentes hortatus amicos
Decrevit Stygios Festus adire lacus."*

Can one be more satisfied as to the nature of the malady that led to the death of Demetus, the favorite of Martial's slaves, for instance: "The impious disease consumed the victim."

"Ureret implicitum quum scelerata lues."

In another of Martial's epigrams he mentions the *tumors* of a debauchee who certainly had a venereal affection, and the one principally met among the priests of Cybele, eunuchs who gave themselves up to passive sodomy. It appears that these tumors were ulcerated, and they took the name of the country from whence they came (Syria). We can plainly discern the papules—hypertrophic, syphilides, or rather ulcerated gummata. "I have not said, Coracinus, that thou wert a sodomist. I have sworn by thine *Syrian tumors*. That which I have said is a notorious fact, and thou thyself wilt not seek to deny it. I have said that thou wert *cunnilingus*."

*"Non dixi Coracine, te cinædum.
Furo per Syrios tibi tumores.
Quod notum est quod et ipse non negabis
Dixi te, Coracine, cunnilingum."*

We might think that the special odor of syphilitic angina in the mouths of the *fellatores*, *cunnilingi* and *pædicones*, described by Martial, were often the source of the contagious diseases, for the poet remarks: "Thou sayest that sodomists smell at the mouth."

"Pædiconibus os olere discis."

The following epigram leads us to the consideration of the nature of the term *ficus*. We see at once that the principal manifestations of the disease consist in venereal ulcers, and that the individual infected (*ficosis*) was a danger to his relatives. In this syphilitic family the venereal virus was spread like a train of powder. "The wife had *ficis*, (that is to say syphilitic ulcers) the husband had *ficis*, the daughter had *ficis*, the son-in-law and grand children

likewise had *figs*. The household servants, the farmer, the peasant, the laborer, were all attacked by this *disgraceful ulcer*. Thus, all the young, as well as old were *figs*. It is very surprising, for there was not a *fig tree* on their farm."

DE FAMILIA FICOSA.

"*Ficosa est uxor, ficosus est ipse maritus
Filia ficosa est, et gener atque nepos
Nec dispensator, nec villicus, ulcure turpi,
Nec rigidus fossor, sed nec arator eget.*"

Martial, according to his custom, only relates this pathological story in order to play on words, for the pleasantness consists in the word *figus*, a tree that gives figs, and *ficosus* that which is attacked by figs, what our epoch knows as syphilis. An epigram of Martial, where Priapus speaks, makes this point even stronger. "I am not a fragile bending willow, and this rigid column is not a wood selected by chance. It is formed like the sturdy cypress—full of life. Whoever thou mayest be, miserable creature, beware, for if thy grasping hand even wounds the roots of this vine, the cypress will bud, in spite of thee, a *fig* upon thy body."

"*Non sum de fragile dolatus ulmo;
Nec quæ stat rigida.
De ligno mihi quolibet columna est,
Sed viva generata de cupresso.*"

The point of this, as was said in the times of Louis XIV., can only be explained thus: The fictitious *fig*, grafted on the profane, will give a crop of fruit which are no longer figs, but *figs* (syphilides). In *Ode 42*, we find another epigram proving the two meanings given to the word *figus* were well understood by Latin poets: "Because I used the expression *figus*, thou mockest me, Cecilianus, as if I had perpetrated a barbarism, and thou pretendest we must say *figus* (contraction for *figues* or *figs*). We call *figus* (figs), the fruit that grows on a tree, but for those which grow upon thy person, we call them *figos* (syphilides)."

This fruit was similar to those vulgar buttons that the courtesan Lafeia was supposed to wear, and if the latter refused to go the public bath it was for fear that the syphilitic warts would be perceived. So Martial asks her if it be

from prudery or misplaced modesty, or if her "groins have not open ulcers, and all the genital parts appear warty."

"*Aut infinito lacerum patet inguen hiatus,
Aut aliquid cunni prominet ore tui.*"

We have, too, a series of expressions to designate different groups of cutaneous syphilides localized on the face and mouth. What Pliny, the elder, has taught us in regard to the depraved morals of Rome, and the universal custom of kissing that was the fashion in the ancient city, we can well believe that many a chancre on the lips has been the prelude to a genuine attack of syphilis. Martial inveighs against promiscuous kissing as much as Moliere against "frivolous and immodest embraces;" but if the latter only produced in the reign of Louis XIV. A writer's indignation in the time of Martial produced much more serious consequences. "There is no means, Bassus, of escaping kisses," exclaims the Latin poet, "nor *ugly ulcers of the mouth, nasty pustules, diseased chins and repulsive blotches on the skin*. Even the congealed snivel on the end of the nose is no obstacle to their kissing."

"*Non ulcus acre, pustulæ lucentes,
Nec triste mentum, sordidique lichenes.*"

When we have read all the preceding, can we understand, like some critical authors, that cancer of the tongue is meant in the "*indecent disease*" of Manneius? This libidinous fellow, whose amorous exploits we pass over in silence while we retain the pathological facts, had an evidently venereal malady that was directly transmissible by contagion. Now cancer has never been considered contagious nor a venereal sore. We cull only an extract from Martial on this point: "A *disgraceful disease* condemns that insatiable organ to repose; Mannerius *no longer to be pure nor impure.*"

"*Partem gulosam solit indecens morbus,
Nec purus esse nunc potest nec impurus.*"

These, and many other classical proofs, lead us to believe in the antiquity of syphilis. The evidence is clear, too strong to be disputed successfully,

Selections.

THE LOCAL TREATMENT OF DIPHTHERIA AND SCARLET-FEVER THROAT.

I have lately had much experience with the treatment of these affections, and have found that hydrogen peroxide, fifteen volumes strength, alone or combined with bichloride of mercury, gr. j to 3 j, gives me better satisfaction than any other remedy. Hydrogen peroxide is a thorough antiseptic, besides acting mechanically in getting rid of the membrane; it does the latter in the later or most dangerous stage, for it is at this time that septic infection is more liable to occur. When the membrane begins to slough, the peroxide will, when applied with a mop or in spray or as a gargle, get behind it, and, by its action on the pus, free oxygen and carbonic-acid gas, thus displacing it; the membrane appears under its action to lose all its toughness and crumble. If used in the nose—and it is here where we get wonderful effect—the peroxide had better be made of about ten volumes strength, and if the bichloride is combined with it, make it only gr. $\frac{1}{2}$ to 3 j, or in very young children still weaker. Before closing, I must add that but a small quantity of the medicine should be bought at a time, as it degenerates rapidly unless kept on ice in a dark place, and not agitated. The hydrogen peroxide losing strength so rapidly makes it very difficult to get pure, so any one who should be disappointed in its action should not give up the use of it until he has surely tried the pure article. It will not, of course, cure all cases. Another point in its favor is, that when used in the throat it causes no pain. The action of the hydrogen peroxide, its thorough antiseptics, and the beautiful mechanical action in forcing pus from cavities, is well known. It should never be used in a cavity unless there is free vent, and especially when this cavity is about the neck; as such a volume of gas is liberated, such an accident as I came very near having is quite possible. An abscess of the parotid gland

following scarlet fever had been opened by a small incision. I thought I would wash it out with a little hydrogen peroxide, which I proceeded to do. As a result, I had a tremendously distended sac, the child blue in the face, and nearly suffocated. A large, free incision set matters right in a moment. As an application, and, when the patient is old enough, as a gargle, pure or half and half with listerine, it is the best application in scarlet fever and follicular amygdalitis I know of. — W. CHEATHAM, M.D., *N. Y. Med. Journal*.

SALICYLIC ACID IN DERMATOLOGY.

The germicide properties of this well known agent have been carefully determined. Sternberg found that a pus micrococcus in active growth was destroyed by a 2 per cent. solution of the acid, and that the bacterium termo was killed by a like solution. As unusual skill and care is needed for the preparation of the pure acid, many samples to be had from druggists are unsatisfactory in their action upon the skin, chiefly on account of the presence of carbolic acid.

The action of pure salicylic acid upon the skin is quite peculiar. When a plaster or ointment containing from 38 to 50 per cent. of salicylic acid has been applied, the epidermis beneath it becomes gradually white and soft, so that it may be scraped off with the back of a knife. A reddened oozing surface is exposed, upon which, by the aid of a lens, the papillæ, rich in vessels and nerves, may be seen, projecting like so many carrots planted irregularly, with their roots up. Very little or no dermatitis is excited in the parts surrounding the application, except in cases of peculiar idiosyncrasy.

In the *Johns Hopkins Hospital Bulletin*, April, 1890, Dr. Morison calls attention to these facts concerning salicylic acid, and mentions certain cases in which he has found it of value. He first saw it used at a clinic at Prague in 1882, and found it in respect to cleanliness to greatly surpass and in efficiency to equal the ill-smelling tar preparations of the

Vienna clinics. He uses it now quite extensively in his practice.

It is a good remedy for freckles and other pigmentations, as it readily removes these blemishes, and, in his experience, never of itself causes deposit of pigment. Through its germicide properties it quickly destroys the growths of tinea versicolor and ringworm. A case of chronic and very obstinate ringworm of the face and arm is cited, in which each spot was washed for five minutes with *sapo viridis* and warm water, and then covered with a solution of bichloride 15 grains and salicylic acid 60 grains in an ounce of collodion. There was intense pain and slight blistering, but no further application was required except lanolin containing 5 per cent. of salicylic acid. The cure was very remarkable.

Chronic eczema yields rapidly to the stronger salicylic preparations. In one case, a healthy man of forty-five years consulted him concerning a chronic squamous eczema of the wrist and palm. It worried the patient very much, especially when he became warm in bed, and had for two years resisted all treatment. A 38 per cent. salicylic acid plaster was applied and fastened tightly to the affected parts by means of a bandage. As the skin was not much affected after twenty-four hours, a fresh plaster was put on. This application, unlike the former one, caused intense pain, and upon its removal next day the epidermis was found to be soft and white. Without disturbance of the dead epidermis, a 50 per cent. ointment of salicylic acid in lanolin was rubbed in frequently and kept on by gloves. In from seven to ten days a complete cure was produced. The patient was discharged, with orders to rub a little of the 5 per cent. ointment on the parts which had been diseased every time he washed with soap and water.

The salicylic acid treatment is of great value in psoriasis of long standing. A case is related in which a man had suffered for twenty years from psoriasis numulata et orbicularis, having large spots on the forehead and on both sides of the nose. *Sapo viridis* and hot water were used to remove the scales, and an

ointment containing 60 grains of salicylic acid to the ounce of lanolin was rubbed into the affected skin. In a week considerable improvement was noticed, and at the end of a month only a slight discoloration could be observed on the face, which had once been greatly disfigured, and the lesions on the other parts of the body were also disappearing.

Salicylic acid may be applied in several different ways. It is only slightly soluble in water, but dissolves more readily in this liquid when sodium biborate is added. When it is desirable to apply it in powder to the skin, Dr. Morison prefers to make a saturated solution in alcohol, which dissolves it readily, and to allow the alcohol to evaporate leaving the acid behind in the form of a very finely divided powder. Unna rubs the powdered salicylic acid up with gelatine and glycerine, no solution being formed, but a useful mixture. Ointments of various strengths may be similarly prepared with lanolin. Unna has prepared plasters containing from 5 to 50 per cent. of salicylic acid, which have rubber backs and stick well to the skin.—*Maryland Med. Journal*.

SALOL AS A DIAGNOSTIC AGENT.

Dr. G. Pal, of Vienna, as the result of work done in the clinic of Dr. Standthartues in the Vienna General Hospital, gives details as to the utilization of the decomposition of salol for diagnostic purposes, in a recent number of the *Wiener klin. Wochenschrift*.

Two years ago, Sievers and Ewald described a new method of testing the motor power of the stomach. This method was based on Nencki's discovery that the acid compounds of phenol were broken up into their components by the pancreatic juice. They observed that all the parts of the digestive tract, except the stomach, had the power of decomposing salol into salicylic acid and phenol. The acid reaction of the contents of the stomach prevented that decomposition. In this method one gramme of salol was given in wafers half an hour after meals. Dr. Pal made two series of experiments with salol—namely, one on the permeability of the

pylorus, and the second on the duration of the secretion of salicylic acid in the urine in its relation to the motor function of the intestine. If salol was introduced into the stomach, and the presence of salicylic acid could be proved, it was thus shown that the contents of the stomach had passed into the duodenum. The salol test thus permitted of an appreciation of the permeability of the pylorus. Dr. Pal had the opportunity of observing the patients in whom the reaction of salicylic acid in the urine did not occur after the use of salol. Occlusion of the pylorus was, for this reason, diagnosed, which, in both the cases, was confirmed by the post-mortem examination. In one of the cases the patient was a cachectic man, aged fifty-two, who had been suffering from gastro-intestinal disturbance for two years. These symptoms had considerably increased during the six months before admission, and emaciation subsequently came on. Examination revealed the presence of dilatation of the stomach, want of free muriatic acid, ferment as well as pepsine. No neoplasm could be discovered. The salol test was used twice, and the reaction occurred in 115 and 120 minutes respectively. In an examination of the urine made eight days after the last test the reaction did not occur. The patient was then transferred to the clinic of Professor Albert, where jejunostomy was practiced by Dr. Ullmann. He rapidly lost flesh, however, and survived the operation only two days. The post-mortem examination revealed scirrhus of the pylorus and the lower wall of the stomach, and a stenosis of the pylorus five centimètres long. The mucous membrane of the pylorus was infiltrated. In the second case, a tumor of the stomach and carcinomatosis of the peritoneum were present. The post-mortem examination showed, also, in this case that no gastric contents could pass into the duodenum. It is thus clear that the salicylic acid reaction in the urine showed that the pylorus was occluded.

In the second series of experiments Dr. Pal endeavored to ascertain whether there is any relation between the duration of the passing of salol from the

stomach into the intestine, and the duration of the secretion of salicylic acid. For this purpose he evacuated the contents of the stomach a definite time after the administration of salol. The experiments were made on two patients. The first was a medical student suffering from disordered digestion. His stomach was invariably found to be empty four hours after each meal. On two days one gramme of salol was administered half an hour after a meal, and in both the instances the urine was examined for salicylic acid only one hour after the administration of salol. The duration of the secretion was controlled for fifty hours. On one of the following days the first occurrence of the reaction was more precisely examined, and salicylic acid was proved to be present in the urine already after thirty-five minutes. This was also observed in a second experiment on the same patient, and after twenty-four hours when the stomach was washed out, no salol was found. The reaction in the urine, however, persisted for 72 hours. These observations showed that the duration of the secretion of the salicylic did not depend on the stomach, but only on the intestines. As to the intestinal function in this patient, the case was one of obstinate constipation. The patient's bowels were not opened once during the last experiments, that is during six days. In the second case, that of a patient suffering from impaired motor function of the stomach, owing to dilatation, the duration of the reactions in the urine after salol, and the stools were examined. The result was as follows: Experiment 1, duration of the reaction, 44 hours; no stool. Experiment 2, 48 hours; no stool. Experiment 3, 27 hours; 2 copious stools. Experiment 4, 26 hours; 3 copious stools. Experiment 5, 25 hours; 3 copious stools. Experiment 6, 42 hours; no stool. Hence in impaired motor function of the stomach there was more prolonged secretion of salicylic acid than when the stools were abundant. These experiments showed that the duration of the secretion of salicylic acid in the urine after the administration of salol is not only dependent upon the interval of

time which a certain quantity of salol takes to pass from the stomach into the intestine, but on how long it remained in the intestine.

Experiments were then made as to the duration of the secretion of salicylic acid after the administration of salol and the motor function of the intestine. More than thirty experiments were made, from which Dr. Pal concluded that there is a relation between the secretion of the salicylic acid in the urine and the motory function of the intestine.

These experiments may contribute materially to the exact diagnosis of intestinal affections. — Vienna Correspondent, *British Med. Journal*.

SALOL IN CYSTITIS.

One of the commonest ailments among women which the general practitioner is called upon to treat, and which seems to be peculiarly prevalent in this class of patients, is a troublesome cystitis, due possibly to derangements of the pelvic circulation. Not rarely a very considerable amount of difficulty is experienced in overcoming the affection, which not only disturbs the rest of the sufferer, but often also very seriously affects her mental state, causing her to be irritable, nervous, and a source of discomfort to all around her. For the treatment of such cases, resort has been had to innumerable remedies, and success has been claimed in this connection for the most dissimilar drugs and methods. Most frequently the cause of the distress is a vesical catarrh, the cure of which affords more or less complete relief of the condition. At other times the treatment which is found to be called for is constitutional rather than local; and cases also are met with that necessitate a union of both procedures. To this probably it is attributable that the recommendations of different practitioners cover so wide a range of ground; while it explains, too, the reputed success of those who claim to have met with good results from the employment of medicines newly introduced into the Pharmacopœia. The drug most lately reported as being curative of the form of cystitis in question is salol; and three

obstinate cases which were completely cured by its administration are described by Dr. Abbot in the *Boston Medical and Surgical Journal*. Each of the patients had been suffering for a considerable time, and had been treated with palliative means with more or less success, but without any permanent relief being obtained. The dose of salol given was ten grains three times a day, and in each, marked improvement of the symptoms was very speedily observed. One most satisfactory feature in the history is the rapidity with which the cure was effected, a week or ten days sufficing to bring it about in all three instances. When we remember that even months of treatment by other means may terminate in disappointment, it may well be considered that a method which promises so favorably deserves the widest possible trial, and no doubt the usefulness of the drug in question will soon be tested on a larger scale than has hitherto been the case.

—*Med. Press and Circular*.

TREATMENT OF ACUTE AND GONORRHOEAL RHEUMATISM BY PHENACETIN IN LARGE DOSES.

Rifat (*Bulletin Général de Thérapeutique*, May 15th) reports the results of recent experimentation with phenacetin in rheumatism, both acute and blennorrhagic. He has treated sixteen cases; in three of these all the joints were more or less affected; in four only two or three joints were swollen and painful. In the three grave cases, which were attended with a very high fever, he was obliged to give large doses, fifteen grains every three hours day and night. In six of the cases he gave the fifteen grain dose only every four hours.

There is, he says, extreme tolerance by the stomach of phenacetin (an advantage which it has over antipyrine). It is well to begin treatment by giving only forty-five grains a day, that is, fifteen grains every three hours till three doses are taken. This dosage is, however, insufficient in rheumatic polyarthrititis. Where he begins with three grammes (forty-five grains) *per diem*,

he increases by one gramme (fifteen grains) a day till the pain has ceased, and the movements of the joints are restored. Ordinarily by the fourth day, when the daily dosage of six grammes (ninety grains) is reached, there will be noticed disappearance of the pain, freedom of movements, and absence of heat and swelling about the joints.

The maximum dosage, which is determined by the state of amelioration of the patient, is continued during the three following days—exceptionally, for a week; then the doses are gradually decreased by one gramme a day till the quantity of three grammes *per diem* is reached, and the medicine is continued in that daily amount for a week, when it can generally be discontinued.

In very severe cases it is necessary to continue the augmentation of doses till the fifth day, when the daily quantity has attained eight grammes (two drachms).

The treatment as above described, demands, in cases of average intensity, seventeen days; in grave cases, twenty-one days. It will thus be seen that the mean duration of grave cases does not exceed twenty-one days. If we compare these results with those obtained by Guttman with salicylate acid, whose mean duration was thirty-five days, and with antipyrin which gave a mean of twenty-five days, we see that phenacetin administered in the manner above described, appears to be the remedy to which preference should be accorded.

As for the secondary effects engendered by these large doses of the drug, Rifat sums them up as follows:

In patients treated by phenacetin, there may be observed three sorts of phenomena imputable to the secondary action of this medicament, and which are: (1) profuse sweating; (2) cyanosis; (3) uræmic accidents.

Abundant sweats, especially in cases complicated with high temperature, are the rule; these are due to the hyperthermia, and when once the temperature falls to the normal, the sweating subsides. The sweats are wanting in apyretic rheumatism, and when they occur in the febrile form, they do not contraindicate the continuance of the

medicine, whether this be phenacetin, antipyrine, or salicylate of soda. There is less liability to cardiac or other visceral complication when the remedy is pushed.

Cyanosis is a rare accompaniment of the administration of phenacetin. Rifat has not seen it in any of his rheumatic patients; in fact, he has never witnessed it but once, namely, in a case of typhoid fever.

Uræmic accidents are also very infrequent. They have, now and then, been witnessed in rheumatic patients with arterio-sclerosis and contracted kidneys as the result of suppression of the urinary excretion by the administration of phenacetin. Hence, it would be necessary when giving this remedy in large doses to nephritic patients to have surveillance of the renal functions, and to suspend the medicine if uræmic symptoms should appear.

Relapses are not very frequent, if the physician takes the precaution to continue the phenacetin after the method above indicated. If, however, the remedy be too early suspended, a relapse will be almost certain to follow. The same result has been noticed when salicylic acid or antipyrine has been given.

As regards blennorrhagic rheumatism, Rifat concludes, from an observation of three aggravated cases, that, in cases where salicylate of sodium has completely failed, phenacetin may have a real curative action. This disease is often most intractable, being the opprobrium and despair of the physician; though its pathogeny is doubtless widely different from that of acute rheumatism, yet in the cases reported by Rifat, phenacetin gradually pushed to six and eight grammes a day (certain auxiliary local measures, as compression being also employed) gave most satisfactory results, the pain and swelling rapidly subsiding, sleep and the power of movement returning. Unfortunately, three cases is too small a number to warrant a definite conclusion.—*Boston Med. and Surg. Journal.*

SUBSCRIPTIONS to the *Lancet-Clinic* may be commenced from any date.

THE CHEMISTRY OF GOUT.

When the microscope first unfolded the marvels of tissue structure to the gaze of the greedy seeker after knowledge, it was assumed that at last the secrets of nature were about to be unravelled, and that the finding of the appropriate remedies would be but a matter of time. Disappointment, however, has followed this department of research, and now that the microscopy of the tissues, normal and abnormal, has almost said its last word, we still seem as far from arriving at an explanation of the fundamental changes underlying many of what we are pleased to call diatheses, as were our forefathers. The microscope shows us the effects, while our object is to ascertain the cause, or at any rate the process of the phenomena. There is fortunately reason to hope that the prevailing obscurity may be dissipated by a better comprehension of physiological chemistry, a branch of study which calls for peculiar qualities of mind and training. Of this we can recall no better example than the advances affected in the study of the chemistry of gout, a protean disorder the manifestation of which, thanks to Sir Alfred Garrod, we now know to be dependent upon, or at any rate to be associated with, some interference with or deficiency in the metabolic changes which take place in the organism, resulting in the presence of an excess of uric acid in the blood. The immediate determining cause of this excess of acid still eludes investigation, but there have recently been made known some observations of exceeding importance in regard to the behavior of the acid in the blood and tissues under varying conditions of environment, throwing light upon the relationship of the excess of acid to the pathognomonic morbid phenomena of gout. It has been known as a matter of clinical experience that alkalis favor the elimination of uric acid from the system, while acids, on the contrary, diminish it.

The paper read by Sir Wm. Roberts before the Royal Medical and Chirurgical Society affords a scientific explanation of some of the points

alluded to, and paves the way to further discoveries. As we have already stated in a previous article, this observer has demonstrated that uric acid in the blood exists in the form of a soluble quadrate. Under certain circumstances, especially if the alkalinity of the blood be lessened, or the excretion of the quadrate by the kidneys be unduly delayed, the salt combines with the sodium carbonate in the blood and forms biurate of sodium, a salt which is remarkably and persistently insoluble in blood serum. Synovia is less alkaline than the blood, and it is suggested that this fact may account for the deposition of the crystals of biurate in the joints, where they set up the local inflammation which characterizes the disease. The immediate effect of this disposition is to clear the blood to some extent of its superfluous acid, and this is quite consistent with the clinical phenomena observed after an attack of gout. When uric acid is treated with an alkaline solution outside the body, it is taken up as a quadrate. There, as in the body, it undergoes a process of what Sir Wm. Roberts calls "maturation;" and then, ultimately, suddenly breaks up into the biurate of precipitates. Direct observation on the behavior of uric acid in the laboratory shows that, *ceteris paribus*, precipitation earlier in synovia than in blood tissues, and this supports the hypothesis of the reason why the deposit takes place preferably in the joints. While, however, the stage of solution was hastened by increased alkalinity of the medium, no appreciable effect in retarding the period of maturation and precipitation was produced, and the addition of salts of sodium notably hastened these processes. The addition of salts of potassium, lithium, or magnesium did not appear to have any effect in either direction, with the exception of chloride of potassium, which seemed to prolong the period of maturation. The most important factor in determining the duration of the period of maturation was shown to be the proportion of uric acid present in the solution. The biurate is absolutely insoluble in alkaline media, and its solubility increases as the proportion of saline matter in the medium decreases. This

perhaps explains how the "water cure" acts in clearing the system of its surplus acid. At the same time the paper inculcates the necessity for caution in the use of alkaline waters, which, if administered when the blood is charged with uric acid, may, by favoring the formation of the insoluble biurate, precipitate an attack of gout. Taken earlier, when there is still, so to speak, a margin of solubility, the alkaline may facilitate the conversion of the uric acid as it is formed into the soluble quadrate, thence to be eliminated by the kidneys if these organs are in good working order. The beneficial effects of alkalies would thus seem to be dependent upon prompt elimination of the uric acid, and an ample supply of liquids may aid this taking place. We may note *en passant* that the urates of iron and lead are extremely insoluble. We are probably only on the fringe of this important and recondite problem, for Sir Wm. Roberts hinted at the existence of a colloid form of the biurate, the sudden conversion of which into the crystalline form might account for the onset of an "attack."—*Med. Press and Circular*.

PATHOGENIC ALBUMOSES.

Although of late much attention has been paid to the ptomaines, the poisonous alkaloidal bodies associated with putrefaction and bacterial disease, it cannot yet be said that a study of their properties has thrown as much light as was at one time expected on questions of symptomatology, nor has it afforded any great insight into the causation of immunity from infective disorders. Yet indications are not wanting that in chemical vaccination lies the future of protective inoculation, and that the same chemical substance may, under some conditions, give rise to the symptoms of disease in their acutest form, and under others produce acquired immunity. To determine the nature and genesis of these protective substances investigators have recently been devoting much thought and labor.

In the *Journal* for October 12th, 1889, we published a preliminary com-

munication from Mr. E. H. Hankin, of St. John's College, Cambridge, in which he announced his discovery in the Hygienic Institute of Berlin, of an albumose isolated from cultures of the anthrax bacillus—that is, of a body possessing very definite chemical reactions—which produced immunity against the anthrax virus when injected into mice, of all animals the most susceptible to this disease. Immunity so produced had never previously been obtained. Since then Mr. Cartwright Wood has, by another method, succeeded in protecting by inoculation the same animals.

In the *Berliner klinische Wochenschrift* of last month Profs. Brieger and Fränkel, of the Berlin Hygienic Institute, publish a most important article on bacterial poisons. Beginning with a study of Löffler's bacillus of diphtheria, they show that from cultivations of this microphyte no ptomaines are procurable; the toxic substance is precipitated by alcohol, and therefore cannot be of alkaloidal nature. On the other hand, it gave proteid reactions, and by repeated precipitations in alcohol and solution in water they at length obtained an amorphous snow-white powder. This, when injected into rabbits, was followed by all the symptoms of diphtheria, save the local diphtheritic membrane. They found, moreover, that small doses of the poison led to gradual emaciation, and in the course of weeks or months to a typical form of paralysis. Thus far the Berlin observers confirmed the results of Roux and Versin in France, but whereas the latter hold the poison to be of the nature of a ferment, Brieger and Fränkel deny this on the ground that it may be heated to 50° C. in the presence of hydrochloric acid without losing its characteristic properties. This ground appears insufficient, for it is by no means proved that all ferments must be destroyed by the treatment they assume to be fatal. They obtained similar bodies from cultures of the specific microbes of typhoid, cholera and tetanus, and of the staphylococcus pyogenes aureus, and in each case the bodies possessed definite pathogenic properties. The details given are not numerous, but it is of interest to note

that the proteid isolated from cultures of staphylococcus appeared to give rise to the formation of pus, differing from normal pus only in being completely devoid of micro-organisms.

The observations made in Berlin are obviously of great importance, but it may well be questioned whether there is any necessity for regarding these toxic substances as belonging to a new class, and giving them (as the authors do) the distinctive name of "toxalbumins." The bodies possess all the properties of albumoses; for, although, one or two of them are soluble in water only with difficulty, Kühne's observations on the hetero-albumoses show that this need not surprise us. Moreover, the methods used by Brieger and Fränkel for their isolation are applicable to albumoses alone among proteid substances. Toxic albumoses are already known to science; the researches of Sewall on snake poison, and of Sidney Martin, the Research Scholar of the British Medical Association, on the poison of jequirity (*abrus*), and the like, have led to their definition as a well-marked class. It was, indeed, from consideration of the nature of these albumoses that Mr. Hankin was led to seek for them in anthrax cultures. The new and hybrid term "toxalbumin" seems, therefore, although uncalled for. It may further be remarked that the method of quantitative analysis, by which Brieger and Fränkel propose to prove the kindship of their poisons to peptones and albumoses rather than to serum-albumen, is one which cannot be relied on when applied to complex proteids, however useful it may be in the study of the simpler crystalline ptomaines. Raoult's method of observing the freezing point, which they promise to employ in determining more accurately the structure of the "toxalbumins," seems still more incapable; it is of use only in the case of bodies possessing comparatively simple molecules, and cannot be applied even to starch.

If a distinctive term is necessary for any other purpose than that of associating with the authors' names a class of bodies of which they were not the first investigators, Sidney Martin's term "phytalbumoses" appears to meet all

requirements. The bacteria are plants, and it is improbable that all the proteids they produce in the matters on which they grow are necessarily toxic.

—*British Med. Journal.*

ARGYLE-ROBERTSON PUPIL.

At the February meeting of the Berlin Medical Society, Mendel read an interesting paper on this condition, of which the following is a condensed abstract taken from the *Centralblatt f. pr. Augenheilkunde*, February, 1890:

In 1869 Robertson first called attention to a special symptom in patients suffering from nervous disease. In eyes of normal vision and appearance the pupils failed to show the least direct reaction to light, contracting, however, readily on accommodation for near objects or on convergence. His observations were confirmed by other observers, and Erb showed that this symptom appears especially in two diseases, namely, tabes and the progressive paralysis of the insane, and in them so constantly as to be of considerable value in diagnosis, more especially as it is an early symptom, indeed sometimes the earliest. We should therefore be on the watch for it in suspected cases. In consideration of the importance of this symptom it is natural to ask where it is localized, with what changes in the nervous apparatus associated, or by what produced. An affection of the optic nerve will not produce it, as the Argyle-Robertson pupil may be found for years without change in visual acuity, neither can it be due to changes in the peripheral oculo-motorius, as it is hard to see how these nerve-fibres could act to accommodation and not to light-stimulus. It only remains, therefore, to accept the view that the defect is somewhere in the so-called "central reflex bow." The first experiments in this direction were by Flourens, who located the seat of the symptom in the corpora quadrigemina, where, according to his view, the nervous stimulus is transferred from the optic to the oculo-motorius. His opinion has been maintained up to the present time by ophthalmologists, and Magnus sketches the following course of the

stimulus: Optic tract, corpora quadrigemina, nucleus of the sphincter iridis, and lastly oculo-motorius trunk to eye. That this view is false, Mendel believes to be shown by the experiments of Gudden, who removed the corpora quadrigemina without observing any interference with the pupillary movements. The seat of the nervous transmission can therefore not lie in them, and Gudden locates it in the external corpus geniculatum; without, however, offering any proof in support of his belief. Mendel, in his experiments, removed the iris as completely as possible in new-born animals (dogs, cats, and rabbits). Phthisis bulbi or suppuration destroyed the majority of such eyes; some, however, were preserved which showed during life no impairment of the visual act. All his results showed the following conditions:

In those cases in which, in consequence of destruction of the eye, the optic nerve atrophied, there was found in the brain a demonstrable atrophy of the external corpus geniculatum of the opposite side—results already published by Gudden and his pupils. In addition, however, he also found, even when the eyeball was preserved, all atrophy of the ganglion habenulæ of the same side. When in all cases during life in the single abnormal symptom is absence of iris-function, and after death an atrophy of the ganglion habenulæ of the same side is found, one is certainly justified in believing that it is the center for the iris-movements. That it is a reflex center is evidenced by other appearances: as the fact that the pupillary fibres of the opticus in part enter the ganglion habenulæ.

Besides, Gudden, although regarding the external geniculate body as the iris-center, reports that removal of the anterior corpora quadrigemina causes no disturbance of the pupillary movements, such disturbance, however, following the removal of a "prominence" in front of them. This prominence is obviously the ganglion habenulæ. In support of his views Mendel mentions that Bechterew and others have in various ways come to the belief that the center for pupillary movements lie in the wall of

the third ventricle, and especially at its posterior part. This belief corresponds fully to the experimental results obtained by Mendel.

The question as to the course of the fibres from the ganglion habenulæ to the oculo-motorius is answered by Mendel as follows: He found the ganglia habenulæ of both sides connected by a commissure, corresponding to the lowest part of the posterior commissure. This would be in accord with the physiological postulate that the pupils act symmetrically. The commissure showed a certain degree of atrophy on the side of the atrophic ganglion, which could be traced into the posterior commissure, so that according to this the course of the fibres from the ganglion habenulæ to the oculo-motorius would be through the posterior commissure. It is further remarkable that with changes in the pupils, the nucleus of the oculo-motorius was constantly normal. Mendel found, however, in the cell-accumulation of Gudden's nucleus, a difference between the two sides. This cell-group is situated below the oculo-motorius nucleus, and Mendel traces out the "central reflex bow" thus: Retina, optic nerve and tract, ganglion habenulæ of the same side, posterior commissure, Gudden's nucleus, oculo-motorius, and sphincter iridis.

In man a decision will be only possible after careful examination in tabes and paralysis of the exact spot located by Mendel as the pupillary center. Some scattering observations, in part confirmatory, have already been made, though Moeli was unable, in cases of Robertson pupil, to detect any atrophy of the posterior commissure (a reference by Senator in the discussion of Mendel's paper). While the Argyll-Robertson pupil occurs in mydriasis as well as myosis, it is especially observed in connection with the latter.—*Brooklyn Med. Journal*.

A MEDICAL man in Rome recently brought to light some interesting specimens of ancient dentistry and artificial teeth in skulls from different Etruscan tombs, dating so far back as six centuries B.C.

THE TREATMENT OF SYPHILIS OF THE NERVOUS SYSTEM.

After a brief historical retrospect of the evolution of our views on syphilitic affections of the nervous system and the use of mercury, Julius Atthaus, M.D., M.R.C.P.Lond., proceeded to lay down the following rules:

1st. *For the prophylactic treatment of nerve-syphilis*, which he considered highly important, seeing that the group of maladies in question belongs to the gravest diseases with which we have to contend in practice, having no tendency to spontaneous improvement or cure, but a strong drift towards deterioration and death; and being, even if judiciously treated, extremely liable to sudden and severe relapses. He divided the prophylactic treatment under two heads, and recommended (a) the excision of the primary sore wherever this is practicable, for destroying the virus in the beginning, or at least greatly attenuating it; and a mercurial treatment for about three months from the appearance of secondary symptoms. According to his experience, mercury efficiently given at this stage acts as a true germicide, leaving the patient's constitution uninjured to such an extent as if he had never had the disease. If, however, no such treatment has been followed there is in any case the possibility, and where there exists a neurotic tendency, even great probability of the nervous system eventually becoming affected; more especially where such exciting causes as anxiety, grief and excitement, fatigues and privations, exposure to wet and cold, injuries to the head, alcoholic and sexual excesses, and hard intellectual work, come into play. The author finds that a neurotic tendency existed in 59.9 per cent. of his cases, and recommends (b) to brace up the nervous system of patients who have had syphilis, after the mercurial course is finished, by every means in our power, so as to enable them to resist any inroads of the disease on that system.

2d. *For the curative treatment of nerve-syphilis* he considers the periodical and long-continued hypodermic injection of small doses of a non-irritant

insoluble preparation of mercury the most important remedy. He passed in review the several modes of employing the metal which have hitherto been in use, and recommends what he terms "the carbolized mercurial cream," a preparation which consists of metallic mercury rubbed up with lanoline, and afterwards mixed with a certain proportion of carbolized oil. He described the pharmacological properties of this preparation, claiming for it the following advantages: Perfect homogeneity of the mass; great stability; painless injection; absence of swellings and abscesses; great efficiency in truly specific lesions; and absence of the risk of stomatitis and dysentery, if a certain dose is not exceeded.

The author then gave his opinion about the therapeutical value of iodide of potassium, general tonics, the constant galvanic current, which latter he considers the most important remedy for secondary ordinary lesions and for relieving certain distressing symptoms; and on the application of cold and other agents in the treatment of nerve-syphilis. He concluded his paper with expressing the hope that the prognosis of these affections in general will eventually become more favorable in proportion as the principles of treatment are better understood and more energetically carried out in the beginning of the malady.—*Med. Press and Circular.*

THE ÆTIOLOGY OF PERITONITIS.

This subject has recently been studied by Fränkel, and a summary of his investigation has been published in the *Centralblatt für Gynäkologie*. The following results were obtained from the investigation of fifteen cases of exudative purulent peritonitis. *Spaltpilze* were demonstrable in all cases of purulent peritonitis. In ten cases chain cocci were found, the same variety of streptococcus being found in nine of them, and more than one variety in two of them. The summary of the investigations contains the list of the different varieties of micro-organisms found, from which it appears that a streptococcus which is well known as an ex-

citer of inflammation was found in all the cases but one, and was probably an important element in producing the disease. After the peritoneum has been infected by the micro-organism which excites inflammation, the morbid process proceeds rapidly and reaches its end quickly, in which case pure cultures of streptococci are found. If the case should not terminate quickly and fatally, other bacteria will wander from the intestine to the peritoneum, and, by means of the products of tissue change which are developed through their influence, will either cause destruction of the streptococci or else so influence their further development that there will be need of the most favorable conditions of nutrition in the bacteriological investigation of the streptococci contained in the exudate in order to produce any results by artificial nourishment outside the body. The author has always succeeded in cultivating the streptococci in a medium of glycerin-agar at an incubation temperature, and thinks that the failures of other investigators may have been due to insufficient precautions. It therefore follows that they were not in all cases justified in saying that the streptococci were absent because they failed to find them.

The streptococcus which has been referred to is considered identical with the streptococcus of erysipelas, and the author succeeded in producing erysipelas upon a dog's ear with it. The other varieties of bacilli which were found had the property of destroying albuminoid bodies, many of them also producing toxic substances which, even after the death of the bacteria, were very virulent to the organisms of animals, while cultures of streptococci which had been subjected to high temperature were harmless. Experiments were also made with chemical agents which produce peritonitis, including solution of iron and tincture of iodine. The resulting peritonitis was sero-fibrinous in character and free from bacteria. If the animals survived some time, gangrene of the intestines resulted with an invasion of bacteria. Prophylactic precautions are mentioned for anticipating peritonitis after abdominal section and in

childbed, also the erysipelas which is so destructive to puerperal women.—*N. Y. Med. Journal.*

THE TREATMENT OF HEPATIC ABSCESS.

One of the most important and valuable lessons taught by modern surgery is that which inculcates the necessity for evacuating purulent collections within the great body cavities, while at the same time it offers assurances that risk of danger thus incurred need not contraindicate the operation. To how vast an extent the recognition of this truth has advanced the resources of the surgical art a very brief review of modern progress is sufficient to demonstrate; lives that must formerly have been sacrificed are now saved with a certainty that leave nothing to be desired, and the benefit to humanity in consequence is commensurably great. In this connection there is no region of the body which has reaped so considerable an advantage as that wherein the principal abdominal viscera are situated, and especially is this the case in regard to the liver, which from being once considered inaccessible to the knife, is now as much subject to its relieving power as any other of the organs within the abdomen. Hepatic abscess, more than perhaps any other similar collection of pus, demands for its successful treatment that the purulent material shall be afforded a free and speedy exit, but the difficulties associated with this mode of relief are so many and so great that it is scarcely wonderful how slow surgeons have been to resort to this procedure with it. Little by little, however, experience has gradually but certainly shown that good results may be confidently anticipated to follow on the plan, which at the present day finds an advocate in every practitioner of at all advanced views. Thus it arises that reports of cases of liver abscess treated by free incision into the pus collection and subsequent drainage of the cavity so entered, are rapidly increasing in number, with the gratifying result that a disease which formerly suggested the gloomiest prognosis, can now be looked

upon as offering fairly satisfactory prospects of cure. The advantages of boldly opening abscesses in this situation are dwelt upon in the lately issued annual report of the Army Medical Department, four cases being there recorded in which such treatment was followed with excellent results. In all cases of the kind the presence of pus should first be ascertained by introducing an aspirator needle, and allowing as much as possible to flow away through its channel; as soon after this as the abscess has refilled a grooved needle is introduced, and the wall incised by means of a bistoury passed along the groove of the instrument, next a large drainage tube is inserted, resection of a rib being resorted to if at all necessary. Washing out of the cavity is only called for in case the contents are foul smelling and decomposing. — *Med. Press and Circular*.

RECOVERY FROM LANDRY'S PARALYSIS.

A case of this disease was recently brought forward at the Berlin Charité Society by Oppenheim (*Berlin. klin. Wochenschr.*, No. 24, 1890.) The patient was a man sixty years of age, who had hitherto been quite well. At Christmas, 1889, he had suffered from diarrhoea for fourteen days, but recovered and remained well until March 13, 1890, when, on walking along the road, he felt weak in the legs, and was obliged to get a stick to support himself home. Next day he could not stand. On the 15th his arms were affected; on the 16th and 17th the paralysis became complete, so that he could not lift his hand to his mouth. Within the next few days difficulty of swallowing appeared, and speech became nasal. Pain was quite absent, though there was a feeling of deadness in the upper and lower extremities. In inverse order the symptoms passed away. The difficulty of swallowing disappeared gradually, as also the paralytic symptoms in the upper limbs; and on March 26th, fourteen days after the commencement of the illness, there was only paralysis of both legs and weakness of one arm ap-

parent. At this time the man came under the care of Oppenheim, who found, besides moderate paralysis, Westphal's symptom present, with a slight disturbance of sensation and decrease of the electric irritability. The diagnosis made was Landry's paralysis; and a good prognosis was given, from the course of the disease. Later on the symptoms improved, and no evidence was to be observed of extensive paralysis having been at one time present. During the whole of the illness neither fever, enlargement of spleen; nor albuminuria was present. The resemblance of this disease to multiple neuritis is so great as to suggest a close relation between the two. As to the cause of intoxication here, it is difficult to decide. Whether the disease had any relation to the preceding intestinal catarrh—similar symptoms have been met with after obstinate constipation—or to bronchitis, which ran concurrently with the disease and yielded so much secretion as to suggest a bronchiectasis, it is impossible to say. With regard to the latter cause, Minkowski relates a case of multiple neuritis with putrid bronchitis and in direct relation to this affection.—*The Practitioner*.

HEADACHES.

The treatment of headaches of young children brings us into an almost special line of cases. In the city of New York, at least, these headaches are best treated, as a rule, by giving small doses of the iodide of iron, or of the citrate of iron and quinine. In school-children, headaches have often to be treated by removal from school, the use of tonics, change of diet, and the application of glasses suitable to any eye-defects that may be present. But glasses should be the last thing tried, unless the visual trouble is very marked. In some children, arsenic acts well.

Headaches among brain-workers require, as a rule, a different class of remedies from those among muscle-workers. In the former class, nervines, like antipyrin, caffeine, and the bromides, act well; while attention to diet, exercise, and the eyes is especially re-

quired. Among the laboring classes, especially women, anæmia, malaria, syphilis, and rheumatic influences must often be attended to. Among the best of symptomatic remedies is muriate of ammonium in large doses, $\frac{1}{2}$ to 1 drachm, given in wafers. In the headache of neurasthenia, menthol, 5 grains in hot water, gives relief, or a combination of menthol, 5 to 10 grains, and antifebrin in 5 to 10 grains. Phenacetin is also a good remedy. A practical point of importance in the use of antipyrin is the dosage. Often the best results are obtained by small doses frequently repeated. The much-advertised effervescent preparations for headache contain too small a dose of caffeine or of bromide to be of the best service. Of local applications, a spray or lotion of aconita, sheet lint soaked in 20-per-cent. solution of menthol and wrapped on the head, solutions of cyanide of potash after the method of Trousseau, and Rithet's tobacco and quinine snuff, are some of the measures indicated.

Every one meets now and then with cases of headache of obscure origin, obstinate in character, and intractable to every kind of treatment. The use of iodide of potassium and of the strong galvanic current and static electricity has been of service to Dana in some such cases.—HUN, *Annual of Universal Medical Sciences*.

A NEW WAY OF IRRIGATING THE NASAL CAVITIES.

Dr. E. Pins (*Wr. Med. Woch.; Cbl. f. Ther.*) has for some time endeavored to think of a method by which it would be possible to force fluids into the nasal cavities under a not too strong pressure, and to attain a shutting off of the upper pharynx or post-nasal cavities without external aid, with at the same time the least liability to danger by the entrance of the fluid into the ear or the other cavities opening into the nose. Observing the fact that in strong expiration with the mouth closed, the soft palate completely shuts off the nasal cavity, he made use of it in constructing an apparatus, which consists of a bottle with perforated cork, through which

two glass tubes of unequal length pass. The longer tube, which passes to the bottom of the bottle, is furnished at its outer end with an olive tip which fits into the nose; a mouth-piece is attached to the shorter tube, through which the patient blows while the other tube is in the nose.

The bottle being filled with fluid, the expiratory pressure is sufficient to force one to two quarts of fluid through the nose in a short time, but is at no time so great, according to the author, as to involve the danger of forcing the fluid into the extra-nasal cavities. This did not take place in 400 applications of this method among thirty patients of the author.

The method finds its contraindications in diseased conditions of the respiratory and circulatory organs.—*Weekly Med. Review*.

TREATMENT OF HABITUAL CONSTIPATION.

Professor Nothnagel, in a recent lecture, reported in the *Wiener Med. Presse*, considers the three most important elements in the treatment of habitual constipation to be massage of the abdomen, electricity, and abundant exercise. Abdominal massage cannot be properly performed by the patient upon himself, the effort required causing contraction of the abdominal muscles, which prevents deep pressure and manipulation. An efficient substitute for a masseur is a metal ball, weighing from three to six pounds and covered with cloth to prevent chilling the skin. The patient should every morning roll this over the course of the large intestines for five or ten minutes, beginning in the right iliac region. Professor Nothnagel believes that in the end massage is invariably of benefit, but that we must not expect much benefit for weeks and perhaps months. As cases of long duration react but slowly to almost all methods of treatment, we must (in order to guard against the results of fecal accumulation) have resort to laxative mineral springs, drugs, or enemata. Nothnagel believes it better, under these circumstances, to avoid drugs, and only to use

an enema, either of pure water or one containing common salt, olive oil, or, preferably, glycerine. Acid fruits should be freely taken, along with a nutritious and easily digested diet. Should a vegetable laxative be called for, notwithstanding these remedial measures, Nothnagel recommends a pill composed of podophyllin and the extracts of aloes, rhubarb, and taraxacum.

—*Philadelphia Med. News.*

THE MICROBIOLOGY OF THE CERVICAL CANAL IN ENDOMETRITIS.

The author's (Solovyoff, *An. de Obst., Gynecop. y Ped.*, February, 1890) investigations were made in connection with Slavjansky's clinic to determine whether the genital canal in women contained pathogenic microbes. Experiments were made upon forty-five women and the following conclusions were reached:

1. In the great majority of cases of endometritis, but not in all, there are micro-organisms in the cervical canal.
2. In cases of acute puerperal endometritis there are pyogenic microbes in the secretions of the cervical canal.
3. In the secretions of chronic cervical endometritis inoffensive microbes are far more frequently found than morbid ones.
4. The clinical investigation of cases of chronic endometritis will not enable one to distinguish cases in which the microbes are pyogenic from those in which they are not.
5. Animals which are inoculated with pyogenic microbes show, in some cases, morbid conditions in which the virulence of the microbes has not been attenuated.
6. It must be admitted that there is a possibility that these microbes will infect the organism when the conditions favor their penetrating the tissues.
7. As in some of the cases in which there are pyogenic microbes there exists the possibility of pregnancy and of parturition at term, and as at this time and during the puerperal period there may be conditions favorable to infection, we must admit the possibility of infection

by microbes existing in the genital canal prior to this period.

8. External antiseptics and antiseptics of the individual do not offer a positive assurance that the parturient and puerperal conditions will be aseptic.—*N. Y. Med. Journal.*

HOT ENEMATA IN TYPHOID FEVER.

Following the suggestion by Professor I. T. Tchüdnovsky, Dr. Theodor K. Geissler, of St. Petersburg (*Vratch* No. 22, 1890), has undertaken an experimental inquiry into the action of hot enemata on patients suffering from enteric fever. In all, five cases (males, aged from fifteen to twenty-nine years) were selected for the purpose, each experiment lasting eight days, and being divided into two periods of an equal duration, during one of which the patients received daily (at 11 a.m.) an enema of one quart of water at 108.5° F. The essential results of the researches are as follows:

1. Hot enemata manifest a very favorable influence on the intestinal tract in typhoid fever. In cases of diarrhoea, they markedly diminish the frequency of stools and improve their quality, the fæces becoming less fluid. The injections also relieve abdominal pain, and produce a beneficial action on constipation when present.
2. Immediately after an enema, the bodily temperature, as a rule, slightly rises. When examined an hour later, the temperature proves to be the same as, or even lower than, the temperature before the enema.
3. In the long run, the injections seem to promote defervescence, or, at least, the transformation of a continuous fever into a remittent or intermittent one.
4. Immediately after an enema, the frequency of the pulse commonly somewhat decreases, to increase at the end hour. At the same time, the pulse becomes firmer and fuller, its diastole less pronounced, and the cardiac contractions more vigorous.
5. The respiration usually quickens, but becomes slower in an hour or two.

6. The blood pressure distinctly rises.

7. The daily amount of urine increases, while the specific gravity sinks.

8. The enemata are invariably perfectly well borne, the patients being rather pleased with them, and a sensation of well-being always follows. As a rule, the injection is retained by the patient from twenty to thirty minutes.

—*London Med. Recorder.*

THERAPEUTICS OF INTESTINAL ABSORPTION.

Dr. Leubusher (*La Médecine Moderne*), arrives at the following conclusions: Quinine and morphine, even in a weak solution, diminish intestinal absorption. Morphine exercises the same action, even when it penetrates into the organism by the hypodermic method. Alcholin very weak solution (one-half to two per cent.) increases absorption, but it rapidly diminishes it when the solution is made stronger. Glycerine has no action in this respect. Chloride of sodium in small doses increases absorption. Carlsbad water is without influence. Experiments made on man show that the iodide of potassium is eliminated slowly when it has been administered in concentrated alcoholic solution. In the urine the iodide is more rapidly and abundantly eliminated when it is given in a moderate amount of alcohol. In glycerin, water, or milk, the iodide is less rapidly eliminated by the urine.—*Therapeutic Gazette.*

LOCAL SOCIETY NOTICES.

CINCINNATI MEDICAL SOCIETY.—

The fall and winter series of meetings will begin September 9. DR. R. B. HALL will read "A Supplement to a Case of Cholecystotomy." Discussion of "Biliary Calculi and the Operative Measures in Connection Therewith," by DRs. CARSON, EICHBERG, LANGDON and RICKETTS.

FOR RENT.—House of ten rooms, specially adapted for a physician's use. No. 281 West Seventh Street, Cincinnati. Apply to Dr. J. C. Culbertson, 199 W. Seventh Street.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, September 6, 1890.

The Week.

SOCIETIES AND THE MEDICAL SOCIETY DOCTOR.

The hot season is over, vacations are generally ended, and with the cool, bracing autumn atmosphere, there comes a feeling that the time is at hand for carrying into effect proposed projects in the way of professional work, that had been laid aside because of the discomforts of summer heat with its ever accompanying languor.

Societies will open and papers that have been incubating in the summer sands will assume form and shape for reading and discussion; after which they are to be sent forth through well graded and paved journalistic avenues, for the further edification of the entire medical world.

The medical society is a very accurate and always reliable gauge of the character of the members of the profession in any given locality. Where the meetings are well attended and discussions lively, there will always be found an *esprit de corps* that not only booms things professionally, but the friction of

mind with mind that brightens any man. The individual contact of one with another lessens personal egotism and vanity, and begets emulation and strife for higher attainments. Well attended societies are always indicative of a vigorous and honorable profession. Men that are ignorant and suspicious of each other always hold themselves aloof from organizations of their fellows; they know their own weaknesses and shortcomings; they know the depth of rust and dust that has accumulated, and in the gray matter within their calvaria. Physicians that can, but do not attend and support a local society, may, with a reasonable degree of certainty, be set down as professional Ishmærites, whose hands and tongues are ever ready to be uplifted for a cut and thrust at a neighbor's good name and reputation.

Take the stature and measurements of these men who frame paltry and mean excuses for not working in a local society, their intellects are apt to be defective; their attainments are limited and very narrow, while such professional knowledge as they may have will no more stand an examination than their ways will bear investigation.

Socially, the non-society medical practitioner is away below par with his fellows. Intuitively he knows his status and that it is not very elevated. By nature he is a pessimist in medicine as in everything else: If he takes a medical journal, it is at most a trade affair that comes to him free, or at a nominal charge; he buys no books, relying entirely on those purchased in his student days and his own experience.

We simply direct attention to this type of man that we hope and believe is soon to be remembered as a fossil of a fossiliferous age, and for the purpose of contrast with the wide-awake and unceasingly restless man of the period,

who not only attends his local society meetings, but prepares and reads papers, listens to, and takes part in discussions. His half dozen or more professional periodicals, in conjunction with an equal number of secular, scientific, and other publications keep him abreast of all the current news and knowledge of the day. If there is a new hypnotic, febrifuge or cathartic discovered, he will know all that is known of the subject. In fact he has the education, capability, and culture of a consultant. His light scintillates and sparkles at society meetings, and from thence radiates to the ends of the earth. He has neither fear nor dislike for his professional neighbor, but cultivates him on all possible occasions. As his thoughts tend upward, he naturally cares for the professional standing of his fellows, his breadth of mind allowing him to comprehend the fact that to speak ill of his calling or one of its representatives, is to lower the tone of the whole; that his brother's skill and reputation is in no small degree his own and that an injury or calumny affects the whole, but more particularly those who are adjacent. A malpractice suit gained over a neighbor makes one more easily brought and won against every other practitioner in the profession, and easiest of all against those who are nearest.

Effective organization means very much more to the medical profession than is easily conceived, or made to appear. Its benefits are more numerous than the leaves of the forest.

The time has passed when men, especially professional men, can live in isolation and hold within themselves a few professional secrets, as did the Chamberlains and Sweets. What an ignoble name those men bear in comparison with the lustre of Jenner, Harvey, Sims, Lister, Koch, and a host of

brilliant stars of the first magnitude, that now and forever will illumine the medical world.

We are quite proud of the distinction attained by our local profession as society men. The largest gathering the medical profession ever held in this country, was at the annual meeting of the American Medical Association in this city two years ago. The delegation that went from here to Newport last year was creditably large, and at the meeting this year at Nashville, the delegation from Cincinnati was larger than from any that other city. Not only do the Cincinnati doctors go in numbers, but their professional presence and standing is known and recognized in every section.

The great Mississippi Valley Medical Association, to convene in Louisville, October 8, will see a Cincinnati contingent that will sort'o swarm down on the Falls City in numbers and papers sufficient to run the session from end to end. However, our friends from other places may possess their souls, papers, and productions in the quietude of peace, for the Queen City doctor is not of the genus cormorant, that wants the earth and the fullness thereof; but characteristically, they are men of modest mien, preferring others before themselves, that they may become wooers of words of wisdom from the footstools of other Gamaliels than their own.

The Cincinnati Academy of Medicine and Cincinnati Medical Society are already nationally famous for their good works.

The coming season that is about to open, is full of promise. These weekly meetings are practically a post graduate course, from which there is a continuous echo of all that is new and knowable in our profession.

Koch's first demonstration of the

bacillus tuberculosis was cabled from Berlin to Cincinnati, and within a few hours a Cincinnati doctor was on his way across the ocean to that city to see for himself if the statement was true. On his return he demonstrated the discovery in an eastern city that prides itself on being a medical center. The propositions, description, and demonstrations were almost hooped, and only listened to in utter disbelief. The next Monday evening the demonstration was made at the Cincinnati Academy of Medicine, and from thence promulgated, and sent forth to the profession through the columns of THE CINCINNATI LANCET-CLINIC.

County, district, and other local medical societies in Ohio, Indiana, Kentucky, and West Virginia, cannot do better with their proceedings and papers than to send them to this Journal for publication. This is the channel that will ordinarily do those who are active society men the most good, by providing for them an audience of readers that every week numbers away up in the thousands.

In this connection we cannot refrain from directing attention to the low subscription price of THE LANCET-CLINIC, which places it within the easy reach of every American physician. This low rate is only possible where there is a very long subscription list. We all like to take and read the paper or publication that everybody else reads and takes. In other words we all like to go with and in the crowd, for it is always the crowd that gets all the good things there are going. If you doubt this go to the meeting of the Mississippi Valley Medical Association at Louisville, October 8, 9 and 10, and see, hear, and swallow the good things prepared for a crowd of physicians.

The subscription list of THE LAN-

CET-CLINIC represents a crowd of no mean dimensions, every one of them is a Brigadier in the profession. They are square up in the front, first-class consultants, and medical society men. Join the crowd if you are not already in it.

DR. G. FRANK LYDSTON, of Chicago, will be pleased to send a copy of his lecture on "Sexual Perversion" to any physician who will send necessary stamps for postage.

DR. HENRY M. LYMAN has been appointed Professor of Principles and Practice of Medicine in Rush Medical College of Chicago.

DR. JAMES H. ETHERIDGE has been elected Professor of Gynæcology in Rush Medical College to fill the place of the late Prof. Byford.

SPECIAL NOTICES.

LISTERINE.—The *British Medical Journal* of May 3, 1890, says: "We have received * * a specimen of a preparation manufactured by the Lambert Pharmacal Company, of St. Louis, U. S. A. According to the formula given, it contains the following antiseptics: Thyme, eucalyptus, baptisia, gaultheria, mentha arvensis and benzo-boracic acid. It is a clear liquid, with an aromatic odor, pungent taste, and miscible in all proportions in water. We have experimentally proved that it is a powerful antiseptic, preventing the development of bacteria and decomposition of vegetable infusions. Listerine is certainly a very elegant preparation, and will be found an agreeable antiseptic either for internal or external use." It is certainly satisfactory in the extreme to note the appreciation that the efforts of American pharmacists meet with abroad. Testimony of the character given by the *British Medical Journal* should carry very great weight with it.—*Occidental Medical Times*, June, 1890.

JOHN MUIR, M.D., Member College Physicians and Surgeons, Ontario, Canada, Ex-Vice-President Ontario Medical Council, says:

"I take pleasure in saying that I have found PAPINE (Battle) prompt, efficacious, and—better still—unobjectionable as to after effects. A patient, more than unusually intolerant of other preparations of opium, has borne it well, and derived manifest benefit from its use."

Pierpont Manor, N. Y.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending August 29, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Group.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....	1	1	..	..	..
2.....
3.....	1	..	..	..	..	..	..	..	..
4.....	1	..	..	..	2	..	..	..	..
5.....	1	1	..	..	..
6.....	2	..	1	1	..	..	..
7.....	7	4	..	..	..
8.....	1	1	..	..	..
9.....	1	1	..	..	..
10.....	1	..	..	..	..
11.....	3	1	..	..	..
12.....	3	1	..	..	..
13.....
14.....	1	..	..	..	..
15.....
16.....
17.....	1	..	..	..	..	..	..	..	..	..	..
18.....
19.....	2	..	..	..	..
20.....	1	2	..	..	..
21.....	1	..	..	..	1
22.....	1	..	..	..	..
23.....	1
24.....	1	..	2	..	..	..	..	..	..
25.....	1	..	..	..	1
26.....
27.....	1	..	..	..	..
28.....
29.....
30.....	2	..	..	..	..
Public Institutions
Totals	1	..	3	..	4	..	26	14	..	..	4
Last week.	2	..	2	..	..	..	34	8	..	..	2

The following is the mortality report for the week ending August 29, 1890.

Cholera Infantum.....	6
Diphtheria.....	14
Enterocolitis.....	2
Diarrhea.....	2
Typhoid Fever.....	4
Other Zymotic Diseases.....	5—33
Alcoholism.....	2
Cancer.....	5
Consumption.....	11
Other Constitutional Diseases.....	7—25

Apoplexy	4
Gastro-Enteritis	2
Heart Disease	11
Meningitis	3
Peritonitis	2
Pneumonia	7
Other Local Diseases	19-48
Deaths from Developmental Diseases	8
Deaths from Violence	9
Deaths from all causes	123
Annual rate per 1,000	19.68
Deaths under 2 years	32
Deaths under 5 years	38
Deaths for corresponding week of 1889 ..	105
Deaths for corresponding week of 1888 ..	105
Deaths for corresponding week of 1887 ..	109

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 84 cities and towns during the week ending August 29, 1890:

Diphtheria: Bainbridge, 1 case; Chillicothe, 4 cases; Cincinnati, 26 cases, 14 deaths; Cleveland, 13 cases, 7 deaths; Columbus, 8 cases, 2 deaths; Dayton, 3 cases; Defiance, 4 cases, 1 death; East Palestine, 3 cases; Fostoria, 4 cases; Lockland, 1 case, 1 death; Ottawa, 1 case; Shawnee, 1 case; Springfield, 2 cases; Wilmington, 1 case; Xenia, 1 case.

Scarlet Fever: Bedford, 1 case; Cincinnati, 3 cases; Cleveland, 17 cases; Columbus, 2 cases; East Liverpool, 1 case; Findlay, 1 case; Marysville, 2 cases; Ottawa, 1 case; Sabina, 2 cases; Salem, 1 case; Springfield, 1 case; Toledo, 1 case; Versailles, 1 case; Xenia, 4 cases; Youngstown, 1 case.

Typhoid Fever: Arcanum, 1 case; Beverly, 1 case; Carthage, 1 case; Celina, 1 case; Chicago, 2 cases; Chillicothe, 3 cases; Cincinnati, 4 deaths; Cleveland, 36 cases, 5 deaths; Clyde, 1 case; Columbus, 2 deaths; Defiance, 2 cases; Delta, 1 case; Eaton, 5 cases; Findlay, 1 case, 1 death; Fostoria, 2 cases; Leesburg, 1 case; London, 6 cases, 1 death; Lorain, 3 cases; Martin's Ferry, 5 cases; Marysville, 3 cases; Minster, 2 cases; New Lexington, 4 cases; New Lisbon, 2 cases; New Paris, 1 case; Norwalk, 6 cases; Oberlin, 1 case, 1 death; Perrysburg, 4 cases, 1 death; Rawson, 2 cases; St. Marys, 3 cases; Salem, 11 cases; Sidney, 3 cases, 2 deaths; Springfield, 6 cases; Uhrichsville, 5 cases; Woodfield, 4 cases; Youngstown, 11 cases, 1 death; Wabash Tp. (Darke Co.), 2 cases.

Whooping-Cough: Bainbridge, 4 cases; Cincinnati, 4 cases; Kent, 1 case; Leetonia, 1 case; Rawson, "epidemic," Sidney, 1 case; Rocky Ridge, 22 cases, 1 death.

Measles: Cincinnati, 1 case; Coshocton, 4 cases; Youngstown, 1 case.

No infectious diseases reported to health officers in 22 cities and towns.

C. O. PROBST, M.D., Secretary.

SULPHUROUS DISINFECTION.

The following letter has been sent us for publication:

MICHIGAN STATE BOARD OF
HEALTH.

LANSING, MICH., Aug. 23, 1890.

E. B. FRAZER, M.D., *Secretary of the State Board of Health, Wilmington, Del.*

DEAR DOCTOR:—Your letter of August 18, acknowledging the receipt of a copy of my letter to Dr. Duffield (giving results of experience of health officers in Michigan and an account of the experiments by Pasteur, Roux, Dujardin-Beaumetz and others relative to sulphurous disinfection) is before me. You ask me for further opinion, and refer to the Report of the Maine State Board of Health for 1889, page 251, and Dr. Mitchell Prudden's estimate of the want of value of sulphurous disinfection.⁽¹⁾

There are at least two valid objections to the acceptance of Dr. Prudden's conclusions to which you refer: (1) His experiments dealt with a micro-organism which seems to be different from the one most generally accepted as the probable cause of diphtheria,—therefore, he may or may not have been dealing with a micro-organism causing diphtheria; (2) the quantity of sulphur burned,—the strength of the sulphurous acid fumes which he employed *is not stated*. It having been proved by actual experience with disease, and by other laboratory experimenters (Pasteur, Roux, Dujardin-Beaumetz, Vallin, Legouest, Polli, Pettenkofer, Dougall, Fation, Pietra Santa), that sulphurous acid gas is *not always* a disinfectant when employed in small proportions, and that it *is* a disinfectant when employed in large proportions, such as result from the burning of three pounds of sulphur to each thousand cubic feet of air-space, no different conclusion should be reached from Dr. Prudden's experiments as published.

You mention that Dr. W. H. Welch, of Baltimore, "enters his protest against

¹ American Journal of the Medical Sciences, May, 1889, p. 470.

disinfection by sulphurous acid gas." I respectfully submit that entering a protest should count for very little in science as against results of actual practical experience in the restriction of diphtheria; it should not even take rank with definite statements of results of laboratory experiments.

Laboratory experiments are very valuable, but they need to be repeated by the same observer and by other observers, in order to eliminate errors due to accidental and incidental conditions.

It is not easy to make laboratory experiments which shall conform to or correctly represent average conditions in actual outbreaks of disease. That is probably the reason for the discrepancies in laboratory experiments, and for the disagreement of some laboratory experiments with practical experience with disease. One reason for this last disagreement may be that micro-organisms which, after subjection to a disinfectant, may yet have sufficient vitality to reproduce in a laboratory, where *the most favorable conditions are supplied*, could not possibly do so in the human throat or elsewhere in the human body, because of the well-known power of the fluids of the body to destroy micro-organisms, as proved by Dr. Prudden's and other laboratory experiments following, but not confirming, Metschnikoff's doctrine of the phagocytes.

Progress would be easier and more rapid, and the backward and forward movements less frequent, if experimenters in laboratories would be more careful in stating the details of their work.

The interpretation of the results of laboratory experiments, and the determination of the bearing which they should have upon practical affairs, is an extremely difficult work, and one in which there is very great liability to error.

Practical health officers need to employ a *gaseous* disinfectant that shall at once reach all surfaces, ledges, cracks, drawers and receptacles of dust, wherever it may be in a room; that shall permeate all articles sufficiently permeable to admit disease-causing micro-organisms; that will not necessitate

too much labor in the removal of furniture or other articles; that shall have power to destroy or sufficiently weaken the vitality of the "germs" of such diseases as diphtheria and scarlet fever, and occasionally small-pox, as they are usually distributed in the sick-room, and that shall not destroy family portraits and similar articles. Only two such disinfectants are prominently before us for choice—chlorine and sulphurous acid gas. Of these two, sulphurous acid gas is made in proper quantity with more certainty and less trouble than is chlorine gas; and, at present, I regard the weight of evidence in its favor as equal to that relative to chlorine gas, concerning which not so much evidence has been published. Practical experience in Michigan proves that by isolation of first cases of diphtheria, and disinfection of premises after death or recovery therefrom by fumes of burning sulphur, etc., four-fifths of the cases and deaths which would otherwise occur from that disease are prevented. If there is any other method of disinfection or any other procedure that can be shown to reduce the cases and deaths more than the four-fifths, and down to less than an average of two and one-third cases and six-tenths of one death to each outbreak, I am exceedingly desirous of knowing what it is. But inasmuch as that is the recent experience in Michigan (outside of the great cities) it does not seem best to give up the methods employed until evidence of a better method is produced.

Meantime, I would advise a continuance of sulphurous disinfection for the purposes for which it is applicable and for which it is greatly needed, as stated above, *not* including the disinfection of excretions from the patient, for which chlorinated lime or liquid is applicable, nor of bits of diphtheritic membrane, which should be destroyed by fire, as should also all rags and everything else not too valuable used about a patient; and all clothing, bed clothes, etc., that can profitably be boiled should be so treated.

Very respectfully,
HENRY B. BAKER, M.D.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

JUDGING OTHERS BY OURSELVES.—

A lady, sick for some time, had been forced to see two physicians daily. As she was convalescing; she was seized with a most violent desire for strawberries, and asked one of the physicians if she could partake of the delicious fruit. "What?" said the physician, "do you wish to kill yourself eating such a dangerous article of food? never, madam. I warn you not to eat strawberries." The next day the other physician called, and the lady expressed her desire for strawberries. "Certainly," said doctor number two, "it is an excellent fruit and can not harm you in anyway." The lady followed the latter physician's advice and ate her fill of the berries until she fully convalesced. The next year at the same season she gave a dinner party to her two doctors, and strawberries were served in all manners, from pastry to ices. It was noticed that doctor number one did not touch a single strawberry dish placed before him. The hostess, perhaps impolitely, commented on the fruit, when doctor number one remarked: "I cannot tolerate the fruit, it always makes me deathly sick."

There are many physicians who permit their own likes and dislikes in regard to food to prejudice their advice to patients on dietetic matters. Who ever knew a doctor who could not drink and smoke, ever advise anything but the absolute prohibition of tobacco and alcohol?

A celebrated American newspaper editor, accustomed to several daily drams of whisky, consulted a physician who warned him to break off the habit or a sudden death from apoplexy would be chronicled in newspaper circles. The editor followed the advice and soon

grew to be emaciated and really sick. One day he met a friend, to whom he explained the situation, and the friend advised him to consult another doctor, naming a certain M.D., who was fond of a good glass of old Bourbon. The newspaper editor went to consult this latter doctor, who exclaimed when the editor had finished his recital of his symptoms: "Sir, X. is an infernal fool, who, because he cannot drink himself without upsetting his stomach, imagines that all mankind is like him. Go back to your whisky and double the quantity at first to make up for lost time. If you look around in your circle of friends you will find, as Rabelais once stated, *that there are more old drunkards than old doctors*. The editor took the advice and the whisky, and soon recovered his wonted mental and physical strength.

The first doctor still lives too, but will never be anything more than the dyspeptic Bostonian he always has been. The doctor is a chronic bean eater, and were he deprived of his beans, would undoubtedly die.—[*Dr. Decaisne*.]

* * *

THE SUCCESS OF HOMŒOPATHY.—

A Parisian homœopathist, who enjoys an immense practice even at the present day of enlightenment, employs one of my friends, a popular pharmacist, to prepare his formulæ and directions according to Hahnemannic doctrines. This pharmacist faithfully executed the homœopathist's directions for some time, but one day, in a diabolical fit of humor, he prepared the remedies out of pure sugar, without an atom of any chemical agent or any other medicine save chamomile flower tea. What happened? The success of the homœopathist was now amazing—almost all the cases he took in hand revived—the success of the chamomile flower tea on sugar was stupendous—clients flocked to the homœopathist's office in droves, and the pharmacist, who before was regular, now became a chamomile flower advocate. He revealed his deception to the homœopathic doctor and the latter, with the faith which characterizes the disciples of Hahnemann, believes now in nothing but the pharmacist's preparation

of chamomile tea on sugar pellets. From Paris the chamomile flower remedy is now known all over the country for colic in babies. Our Normandy great-great-great-grandmothers used chamomile flower tea to cure colic long before Hahnemann was born. Long live humbug!

THE TRUTH.—One of the friends of Emile Augier met him and naturally demanded the news. The author of the *Mariage d'Olympe*, replied that he was indisposed. "How!" cried the friend, "do you mean to say you are ill and have not consulted a doctor?" To which the author answered, "yes; I sought advice of physicians and they wrote me prescriptions." "What did they order?" "Oh! vichy and potash and senna and salts, etc., etc." "You have taken your medicine?" "No, indeed! *There are many maladies preferable to their remedies.*"

THE GROOM WITH LUXATION OF THE JAW.—A young Parisian couple were in

church and about to undergo the finishing touches of the marriage sacrament, when the groom suddenly commenced to yawn so vigorously that his jaw was luxated before he got the final *yes* out of his mouth. With his mouth wide open, he stood strembling and staring about, and it was some moments before the frightened wedding party discovered the cause of his trouble. A physician was called in and speedily removed the difficulty, and the wedding proceeded undisturbed.—[*Dr. Foulin.*]

INFANTILE PRECOCITY.—A celebrated actress was married and accouched six months after the wedding. Her husband, all indignant, went to consult a physician in regard to the affair, demanding a reason for this precocity. "Be assured," said the doctor, "that this affair is all right. The first children of actresses are often precocious, but the children that follow are not. Let that console you, old fellow."

[TO BE CONTINUED.]

Champagne ANALYZED

Of Interest to all Medical Practitioners.

WHAT IS SAID BY

THOMAS KING CHAMBERS, M.D., F.R.C.P.
R. OGDEN DOREMUS, M.D.
F. W. PAVY, M.D., F.R.S.

"Champagne, with a minimum of alcohol, is by far the wholesomest, and possesses remarkable exhilarating power."—THOMAS KING CHAMBERS, M.D., F.R.C.P.

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THE
CINCINNATI LANCET-CLINIC

A WEEKLY JOURNAL OF
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Original Articles.

**FISSURES OF THE ANUS A
CAUSE OF MASTURBATION
IN CHILDHOOD.**

A Paper read before the Academy of Medicine,
June 23, 1890,

BY

A. GRIMM, A.M., M.D.,

Assistant to the Chair of Chemistry and Demon-
strator of Pathology, Medical
College of Ohio.

The comparative infrequency of fissures of the anus in childhood, and still more the exceptional instances in which these have been known to cause masturbation, prompted the report of the following interesting case:

Child L., female, not quite eleven months old, was brought to me with a history of masturbation of three months' standing. The child was well developed, and with the exception of a certain degree of anæmia and puffiness about the face, seemed to be perfectly healthy. Before the true nature of the affection was recognized, the mother had often noticed the child while in a state of momentary abstraction suddenly stiffen and relax in her arms. Gradually the symptoms became more pronounced. A certain definite position on the arm was sought; the shoulder of the mother would be firmly grasped, and with flushed face and quickened breath a seesaw motion commenced, lasting till the acme of orgasmic excitement was reached. If on the floor, the little sufferer would steady the body with her hands, and inclining towards the right side tightly press the legs together. A jerky to-and-fro movement would now begin, the face, as before, flush, and while groaning and panting,

and bathed in perspiration, the orgasm would come on, often followed by a fit of crying or quiet sleep. So entirely oblivious of her surroundings was the child, that neither the presence of strangers nor scolding nor terrorizing could interrupt the action. The attacks would occur from five to ten times a day, but never during sleep. The physician who had first been consulted ascribed the symptoms to the possible presence of pin-worms, but anthelmintics proved of no avail.

An examination of the genitalia revealed a slight swelling of the labia majora and a good deal of redness of the introitus vaginæ, with increased moisture. As all symptoms referable to the rectum, such as painful defecation, bloody stools or constipation, were absent, the treatment was directed towards allaying the apparent hypersensitiveness of the vaginal tract. Bromide was ordered internally, and cocaine in solution and salve applied externally. Though the vehemence of the symptoms seemed to abate somewhat, a cure was not effected.

At this juncture Dr. Forchheimer was called in consultation. A careful examination of the genitalia was made, but the findings were pretty much the same as before described. Passing, however, his hand over the anal region, an induration was distinctly felt, and on forcibly opening the anus several linear fissures were seen just within the sphincter. Success seemed now insured, and a favorable prognosis given. [Most authors agree that anal fissures in children are more amenable to treatment than the same affection in the adult, and the heroic measures so frequently necessary in the latter are hardly ever called for in the former.] Weak solutions of nitrate of silver and

light touching with the solid stick of nitrate were employed, the parts always kept well smeared with an iodoform salve, and the bowels maintained in a soluble condition. But the fissures would not heal. At last, disgusted with the ineffectual results of this method, surgical interference was advised and accepted. Dr. E. W. Walker was called in consultation and practiced division of the sphincter. An iodoform tampon was daily introduced into the rectum by means of the speculum, and in two weeks the ulcers healed and masturbation was no longer indulged in.

At this period the child was, unfortunately, taken ill with chicken-pox. Not only was the skin studded with the characteristic vesicles, but the mucous membranes of the mouth and pharynx also participated in the eruption. The disease had scarcely subsided when the child resumed the former practice of masturbation. An inspection of the anal region revealed the same, if not a worse, condition than before, and, without further temporizing, Dr. Walker was again called to divide the sphincter. The fissures healed as kindly as in the first instance, and with their disappearance masturbation also ceased.

In searching the literature, I was unable to find a parallel case. The *American Journal of Obstetrics*, vol. ix, 1876, contains the report of a case of masturbation, by A. Jacobi, in a female child nine months old. In this instance, however, the practice became established through a state of chronic constipation.

The remarkable features in the case just presented are the age and sex of the child, the severe measures that had to be adopted for the cure of the fissures, the entire absence of rectal symptoms, and, lastly, the rekindling of the disease during or immediately after an attack of chicken-pox. As regards the latter point, I am inclined to believe, rare though it may be, that an eruption similar to the one existing in the mouth also invaded the rectal mucous membrane, and in this manner reproduced the pathological conditions.

BREECH PRESENTATION.

REPORT OF FOUR CASES.

A Paper read before the Portage County Medical Society, September 4, 1890,

BY

H. H. SPIERS, M.D.,
EDINBURG, OHIO.

I offer these cases of breech presentation not for any purpose of collective analysis, but simply to give my own management, and by remarks or discussion to draw out the opinion of others for mutual benefit.

CASE I.

'Mrs. D., æt. thirty-eight, multipara. Fourteen years since last confinement. Health good. Is attended by a midwife. Has been in labor twenty-four hours, and seems to make no progress. Thinks something must be wrong. Sends for me in haste.

On examination find membranes ruptured, os well dilated, passages natural, but sensitive, and a breech presentation.

Give fluid extract ergot, twenty minims, every half hour and wait. Result: At the end of two hours a 9½ pound girl, badly compressed but otherwise uninjured, was delivered. The lower extremities had been compressed so tightly that they were partially paralyzed. Recovery of mother and child complete.

CASE II.

Mrs. S., æt. twenty-four, multipara. Three years since last confinement. Health good. I was called late, for she said: "I do not want the attending physician in the house longer than necessary."

On inquiry found the membranes had ruptured twelve hours before. Pains were almost continuous, but short and spasmodic in character. The os gave no evidence of dilatation, and the patient was tired out.

Treatment: Gave a full dose of Dover's powder and administered ether until quiet. [In cases of rigid os I frequently give a full dose of ipecac to induce nausea. This for me will more speedily relax and dilate than any other drug; but when a patient is exhausted, rest,

in my judgment, is best]. After a sleep of several hours, up came the contents of the stomach, and on came the pains in a regular manner. Twelve hours from the time of call she was delivered of a nine pound boy with privates very much swollen. Recovery of mother and child perfect.

CASE III.

Mrs. T. æt. thirty-two, multipara. Two years since last confinement. Health poor. Three years later died of tuberculosis.

Was called at about the time that true labor pains commenced. Os gradually dilating. Thought on first examination that labor was natural, but soon changed my opinion. On membranes rupturing found it to be a breech presentation, and also found all available space occupied by the child. The mother's weight in health was about 100 pounds, being slim and rather spare. The pains were regular, fairly rapid and prolonged, but the progress was very slow. At this stage turning was impossible. Had I discovered the true state of things on first examination, while the membranes were intact, turning might have been possible. But on this subject I am not so enthusiastic as some. Turning in small space with large child, when called comparatively late in labor, is more easily talked of than accomplished. Two lives are to be considered. Breech presentation, though tedious, does not necessarily endanger the life of either mother or child. Use anæsthetics freely, if necessary, and patiently wait.

This was the treatment adopted. Result: A well developed twelve pound girl, the joy of the whole family—the other children being boys.

CASE IV.

Mrs. S., æt. twenty-five, primipara. Health usually good, but has been severely sick three or four months previously with malarial fever. Am called early. Pains have apparently begun. On examination the os is found high up, reached with difficulty, and no dilatation whatever. Recognize the presentation as breech. Membranes entire, pelvis roomy. Shall an attempt to turn

be made? Ether is given. She passes under it kindly. The attempt is made. To turn the patient in bed would be an easy matter, but to change the position of the child in utero, to me, impossible. Several morphine powders are left with orders to give one and repeat if necessary. Twenty-four hours later the powders are all used, the pains still continue, but the os remains about the same. Leave more powders with several pills of quinine, to act as a sedative to the uterus or to control any malarial influence. Sleeps good, and twenty-four hours later has made a little progress. The afternoon of the third day she is delivered of a nine pound boy, apparently dead, but in twenty minutes or so shows signs of life, and eventually shows good lung power. The child's condition was probably owing to length of time in delivery of the head. Recovery of mother and child perfect.

And now a word or two on the most trying stage of breech presentation—the delivery of the head. I always hold forceps in readiness, but have never been obliged to use them. My plan has been to use the method known as the Veit-Smelley. By placing the middle finger of right or left hand in the mouth of the child, and the adjacent finger on each side, on the upper jaw, just below the eyes, by using the free hand on the back of the child, gradually pulling both hands, at each pain, a valuable assistance can be rendered. Of course, an assistant may aid in holding the child, and occasionally it will be necessary. Pressure may also be made from above—both hands—by a second assistant. I venture to assert, if this plan be adopted and carefully carried out, but few cases will remain undelivered. But should forceps be thought necessary, it would be well to use them. I will also add, these cases are not selected in order to show any particular complication, but are presented in the order of their occurrence, simply to give my management.

If these conclusions be correct, I would deduce the following as giving the maximum of live births:

1. In breech presentation proceed as in natural labor—quietly leave nature alone when doing well.

2. In the administration of ergot wait until the parts are well dilated.

3. Turning should not be thought of except in multipara with well developed pelves, while membranes are intact.

4. Breech presentations, being more tedious and liable to complication than natural labor, require more patience and watchfulness on the part of the attendant.

DISCUSSION.

DR. LEONARD said no set rules can apply in all individual cases. We must depend largely on the judgment. Uses tartar emetic in rigid os, but thinks ipecac might act equally well. Always uses Veit-Smelly method in the delivery of the head.

DR. WARRINGTON thinks breech presentation more tedious, but no more dangerous to child than natural labor. Does not believe in turning at all. Never had a case of breech presentation that continued longer than twelve hours. Brings down a limb, thereby hastening labor.

DR. ALCORN likes the manner of delivery of the head. Thinks the percentage of deaths must be exceedingly small. Does not remember ever losing a case. Never brings down a limb. Lets the parts fully dilate and patiently waits.

DR. WAGONER: In the early part of his experience he attempted to hasten labor by bringing down one or both limbs. He invariably increased the mortality by so doing. He had been taught, by experience, to leave nature alone.

THE foulness of the Seine, from which a large part of Paris draws its water supply, may be judged by the fact that the barbel in that river are said to have been nearly exterminated by a kind of fish cholera, which is attributed to the impurity of the water.

FOR RENT.—House of ten rooms, specially adapted for a physician's use. No. 281 West Seventh Street, Cincinnati. Apply to Dr. J. C. Culbertson, 199 W. Seventh Street.

Correspondence.

FOREIGN CORRESPONDENCE.

THE TENTH INTERNATIONAL
MEDICAL CONGRESS.

BERLIN, August 10, 1890.

Editor Lancet-Clinic:

Last night the closing feast of the Congress took place in Kroll's garden. What a feast it was! Some ten or fifteen thousand participated, and the wine liberally supplied by our German hosts flowed in streams, the buffets were on this side were imperfect, clumsy, mortals, all anxious to taste the viand furnished by the liberality of the Berlin confrères. Music from many military bands enlivened the scene, while the immense garden itself was brilliantly alive with thousands of Japanese lanterns and myriads of various colored gas jets. The cocks in the Thiergarten were already crowing when the last of the merry-makers wended their way back to the Brandenburger Thor.

In the section of Rhinology and Laryngology, which met with the section of Pædiatrics, O'Dwyer was greeted with applause when he began his remarks on intubation. He dwelt mainly on the instruments and emphasized the fact that all the instruments he had seen crowded with row upon row of living and unfit to be used. He passed around samples of his tubes made in New York and some he had picked up in London, Berlin, Paris, etc. There was no doubt that many failures on this side of the ocean were due first, to imperfect instruments, and second, to imperfect manipulation or technique. He stated that even in New York there were only two makers who made these tubes perfectly. He was followed by Prof. Ranke, who took rather a discouraging view of intubation, while praising the method. It must be remembered that intubation is practiced to no such an extent as in America, and that the number of cases reported in Europe cannot compare with those in our country, very few men only reporting over twenty cases. Of course it is a difficult matter

to compare the results of tracheotomy with those of intubation, in diphtheria. In order to do so the same city, the same epidemic, the same ages of the children operated upon, and the same general conditions at the time of the operation, must be taken into consideration. There are some epidemics that run an especially severe and fatal course; between some ages diphtheria is especially fatal; and in another set of cases, again, tracheotomy and intubation both, but especially tracheotomy, are resorted to only as a dernier resort, when the patient is already moribund and no hopes of recovery are entertained. It seemed to be the general consensus of opinion that hereafter an intelligent selection of cases for intubation and tracheotomy must be made in order to show the true value of these operations both to the profession as also to the laity; that moribund cases and even cases that were deemed hopeless should no longer be operated upon simply for the sake of the operation and the satisfaction of the parents. Intubation has not as yet, and can never replace tracheotomy, each has its place, and the selection of one or the other procedure must be left to the intelligent differentiation of the operator. It was stated by those who had intubated a great number, that the results of their last hundred of cases were much better than the first hundred operated upon.

When the Chairman of the section stated that Bouchard, who was the originator of intubation, but abandoned it as a failure, probably on account of the large size and clumsiness of his tubes, was present, O'Dwyer, who was the successful perfecter of this abandoned method, stepped forward and France and America clasped hands, and there was an ovation that any man might be proud of. Prolonged applause, cries of "bravo," lasted for fully five minutes.

The curability of laryngeal phthisis was also discussed at a later meeting, with considerable ardor. Heryng and Krause, the originators of curetting and lactic acid, were especially enthusiastic in their reports of cases, while Schrötler, Schnitzler and others took rather

a discouraging view of the subject. Heryng presented clinical, microscopical, macroscopical and pathological specimens, to show that laryngeal tubercular ulcerations are curable. He emphasized the fact that the tubercular infiltrated tissue must be entirely removed by means of his sharp cutting forceps, and afterwards touched with lactic acid. In one case he removed half the epiglottis with his forceps, and the patient recovered; the tubercular process was healed. He presented this patient to the section. In the discussion which followed, it was brought out by various speakers that there were a number of remedies that would produce healing of tubercular ulcerations, and that a great many times even a spontaneous cure and cicatrization took place. Most of those present, however, conceded that the method of Heryng and Krause was a step in advance of other methods, and could be accredited with a greater percentage of better results.

ERIC E. SATTLER.

PHENACETIN IN TYPHOID FEVER.

Dr. Sommer has used phenacetin (*Lancet*) with great success in the treatment of typhoid fever, thus confirming the favorable views of its action which have been expressed by Masius and others. The dose employed for adults was four grains, which was repeated from two to four times during the twenty-four hours. Children were given only half this dose. No less than sixty cases were treated in this way, with but one fatal case, about which it is noted that the patient was not subjected to phenacetin treatment until three weeks from the commencement of the attack. In no case were there any serious complications.

DR. WILTROUT (*North-Western Lancet*) calls attention to the fact that melancholia is often associated with a large amount of oxalate of calcium in the urine. He notes several cases of complete cure, or at least of great improvement, by the administration of nitro-muriatic acid, along with an occasional purgative.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of June 18, 1890.

The President, C. D. PALMER, M.D.,
in the Chair.

J. M. FRENCH, M.D., Secretary.

DR. E. G. ZINKE read a paper on
*Excessive Fetal Development a Cause
of Dystocia,*

with report of a case, in which manual and instrumental interference became imperative, and which terminated in the death of the child during delivery, and is of such extreme interest as to merit publication.

Mrs. C., Irish, aged thirty eight, mother of six children (at term and easy births), one miscarriage; date of last menstruation, August 10, 1889; was taken in labor May 14 at 9 p.m., Mr. Chas. F. Wocher the attendant. The next morning at 4:30 I was called by Mr. Wocher, who stated that Mrs. C. had had regular and painful contractions of the uterus up to midnight, but since then the pains had become more or less constant, very violent, and, at times, almost unendurable. The fetal heart he could no longer detect; fetal movements not noticeable. The os was very high and but little dilated; could not determine what part of the fetus presented.

On my arrival I found a well-developed, strong, medium-sized, healthy woman. Pulse and temperature normal. Bowels and bladder empty. No desire for food. Her suffering seemed severe. Abdomen not particularly tender, but very much enlarged and denoting firm and continued contraction of the womb. She tossed restlessly from side to side, with a look of anxiety, fearful of impending danger, upon her face.

Physical examination: Uterine mass freely movable, above the pelvis, indicating that the presenting part was still above the pelvic inlet. Fetal movements not well marked; but fetal heart easily heard slightly to the right and a

little below the umbilicus. Os high up, admitting the point of the index finger. Membranes intact. Position of child: dorso-anterior, head in the right iliac fossa. Because of the want of dilatation and the extreme restlessness of the patient, twenty grains of potassium bromide, ten grains of chloral hydrate and one-sixth of a grain of morphia were ordered to be given every hour, and the patient directed to lie upon her right side, in the hope of securing a more favorable position of the child.

11:00 a.m. Patient had slept some; pains not so persistent and more endurable. Os, size of a silver dollar. An effort was made to bring down the head by putting the right index finger against the presenting shoulder—taking care not to rupture the membranes—and while the left hand pushed the breech upwards and to the right externally, the shoulder was carried to the left and upwards internally. A slight temporary change for the better was thus effected in the position. Medicine was continued and the patient urged to remain upon her right side as before. At 3 p.m., I was hastily summoned because of much suffering, the pains again very violent and rapid in succession, and the patient beginning to show marked symptoms of exhaustion. Fetal heart still vigorous; membranes intact; os about the size of a silver dollar, and very flaccid; left shoulder presenting as before.

Chloroform was administered to semi-consciousness, the buttocks brought to the edge of the bed, and with one hand in the vagina (the other upon the abdomen) the membranes were ruptured, the hand gently forced into the uterus and the head seized and brought into the inlet with the occiput anterior and to the left. The womb acted promptly, and the head being fixed in its new position the hand was withdrawn and the case again left to nature, in the firm belief that further interference would not be necessary. Chloroform was suspended, except the giving of a few drops upon a handkerchief during each pain.

4:30 p.m. No progress, the head

still at the brim. Fetal heart plainly audible, but not so vigorous as before. Mother's strength failing; her pulse rapid, skin cold and moist. Forceps were now applied under enough anæsthesia to control the woman, but not enough to lessen uterine action. After forty minutes' hard work at the forceps the head of a living child was born. With a triumphant look at Mr. Wocher, the husband and nurse, I remarked: "*We are all right now!*" This proved itself a sad mistake; and the saying, "The head once delivered, the rest of the body will follow without much trouble," turned out to be a delusion and a snare. The child remained immovable, as if riveted into the pelvic canal, notwithstanding the most vigorous contractions of the uterus, powerful pressure upon the fundus, and, after the child was dead, strong traction upon the head. All efforts to extract that child seemed in vain. With the aid of one finger and the blunt hook I succeeded, after a long, laborious attempt, in extracting the perineal (left) arm—another ray of hope only to vanish almost as fast as it had come. It is almost incredible, but that child refused to move, while three men, in concert with the womb, tried in vain with all their might to free it from its confinement. Mr. Wocher, a gentleman of ordinary strength, bore down upon the breech from above with all his might; the husband, a big muscular Irishman, had hold of the arm and pulled on it just enough not to tear it from its socket, while I exerted all my strength upon the head. As the pubic (right) shoulder could not be felt with the finger, nor reached with the blunt hook, I began to think of a double-headed creature, of Siamese twins and all other varieties of monsters. To say that I began to feel uneasy about my patient is stating it mildly indeed; but before giving up all hopes I resorted to another somewhat desperate attempt. I was determined to deliver that woman if it was possible for human hands to do so. A long towel was taken, twisted around the child's neck and Mr. Wocher directed to take charge of it; I placed my hands over the head so as to grip it

firmly, while the husband held the free (left) arm. With the next pain we made strong traction. After a few moments of powerful and sustained traction a very large child was at last delivered. The placenta followed without delay, being fully ten inches in diameter, nearly two inches in thickness at the centre, with a strong cord, rich in gelatine, attached to it. The whole vaginal tract and cervix uteri was ripped and fissured longitudinally in numerous places, but strange as it may seem, the perineal structure did not suffer externally. The whole parturient canal was antiseptically irrigated (1:8000 sublimate solution); the patient washed clean, her linen changed, and with an abdominal bandage applied placed in a clean bed. The child was born at six o'clock p.m., May 15. Duration of labor twenty-one hours. Mother made an excellent recovery; temperature on the 17th, 99.8°, pulse 90; both temperature and pulse were perfectly normal before and after that day throughout her confinement. The child (female) weighed exactly twelve pounds; it was twenty-two and one-half inches long; distance between the shoulders, six and one-quarter inches; occipito-mental diameter, six and one-half inches; occipito-frontal diameter, five and three-quarter inches; biparietal diameter, four inches; circumference of chest around the nipples and under the arms, fourteen and one-half inches; circumference of abdomen the same. The measurements were taken half an hour after delivery.

This was by far the heaviest and largest *looking* child I have ever seen. Both weight and measurements are exact. We often *hear* of fourteen, fifteen and even twenty-pound newborn babies, but the best and most reliable authors, and those who have had the most extensive practical experience, put the limits of "*heavy weights*" at twelve pounds, and consider reports of cases beyond this as unreliable, and many times gross exaggerations. With the above experience, I am disposed to agree with them. Let babies be weighed upon *true* scales and by *impartial* men.

DISCUSSION.

DR. GILES S. MITCHELL thought that the exhibition of force in the case reported was more apparent than the skill employed. Ordinarily, the head being delivered, the management of the trunk is not difficult; especially was this true of multiparæ. However, in the case reported extraction of the body seemed to be almost impossible. The child was extraordinarily large, but the body was proportionate with the head. It weighed twelve pounds. The woman was a healthy multipara, and had no pelvic deformity. All her previous labors were easy and normal. In her last the position was the first of the vertex, the pains were normal; the only barrier to delivery was the size of the child. Another remarkable feature of the case was that the child was not only alive when the head was born, but lived for a considerable time before the delivery of the body.

The speaker said the only satisfactory explanation for the dystocia in the case reported was that the accoucheur had applied the forceps before there was sufficient dilatation of the os, and as soon as the head was delivered it contracted around the child's neck. The reporter was to be congratulated that he did not rupture the uterus. Rupture frequently occurs in such cases.

BALSAMS are usually supposed to cause irritation of the urinary organs, when given in large quantities. Stockman (*British Med. Journal*) has made some investigations concerning balsam of Peru, storax, benzoin, and tolu. As a result, he considers it proved that all these can be given in as large doses as are ever desirable, without any risk of producing albumiuria or nephritis. They never cause enough irritation to injure the healthy kidney, although they may irritate one already diseased. In some cases, a resinous body from the balsams has been mistaken for albumen.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in syphilitic diseases.

Selections.

SARCOMA—ACTINOMYCOSA?

At the Congress held in St. Petersburg a few days since, Drs. Kernig and Anders brought forward an instructive case of supposed sarcoma, where the post-mortem revealed chronic *left-sided* pyelitis, retro-cæcal abscess, within whose walls was found a large brain-like mass which could not be admitted as a new growth, but was distinct from any form of purulent matter. The walls of this abscess were continuous with the posterior wall of the abdomen, and communicated with the thorax on the *right side*. On tracing the communication into the thorax a large abscess was present here also, whose anterior wall extended to the sternum. A large portion of the right lung was adherent to the thorax wall as high as the sixth rib, and diaphragm, which again was adhering to the upper surface of the liver. This abscess contained a similar substance to that found in the abdomen, with round miliary tubercles in the substance of the lung. The margin of the abscess wall in the thorax where the lung formed the division was lined by a firm fibrous structure extending into the substance of the lung structure. This abscess finally communicated with the bronchus from the trachea to the ileo-cæcal valve. In the abdomen there was evidence of chronic peritonitis, the bowels being all soldered together. There was a communication from the cæcum into the retro-peritoneal sac. Fatty degeneration of the heart, liver, and kidneys. The right kidney was greatly hypertrophied from the functional activity.

The history of the case is a long one, dating back some seven or eight years. The patient was forty when he died. When thirty-two years of age he was afflicted with renal colic on the left side, where it was constantly located till 1886, when it was slightly on the right. Peritonitis followed; a tumor was observed several times over the region of the cæcal valve, that disappeared after medicine; temperature,

40° Cent. Later a pleuritic stitch occurred, the lung became firm and adherent anteriorly and normal posteriorly; a subphrenic abscess was diagnosed, the dullness rose above the fourth rib, and was punctured in the fifth, sixth, seventh and eighth intercostal spaces without discovering the presence of matter. After this he began to cough up bloody matter with a purulent discharge. Some time after fluctuation was observed in the sixth intercostal space, which was opened and discharged; but later the discharge became clear and fluid, like urine, which it proved to be on analysis. In the following year the abdominal tumor re-appeared, fluctuating, and was opened, from which fecal matter protruded. The wound ultimately healed, with a large accumulation of granulated tissue. In the latter part of the year another abscess near to the former appeared and was opened, reducing the swelling, after which he soon died with the above post-mortem result.

Dr. Westphalen, a colleague, made repeated microscopic examinations of the lungs, walls of abscess, matter, and apparent new growth, and confirmed the presumed diagnosis of a large-celled sarcoma, with a teleangiectic, hemorrhagic, and purulent transformation of the stroma. The presumption is that it originated in an exudation process near the cæcum at an early stage; that this brought about an increase of atypical tissue cells that lead to a sarcoma, and finally the phlogogenetic germ transformed the whole mass to the present miscellaneous mixture.

Dr. Anders contended that the presumption of this being an actinomycose tumor was not invalidated by the fact of *no actinomyceton* being found in any of the discharges, though diligently sought for. Esmarch has several cases on record where the actinomycotic element could not be discovered, and yet the diagnosis excluded any other disease. Dr. Anders considered the symptoms of a painless fluctuating growth of a soft spawny nature surrounded by purulent granular tissue, the repeating of the disease around the original centres, its progression causing no shrinking of the surrounding tissue,

surrounding the bowel with new tissue, its formation being divided into separate wide chambers, and finally the absence of granular enlargement and metastasis, all decided the diagnosis in favor of the case being one of actinomycosis.

Prof. Tilling considered the case to be one of actinomycosis, as these are very common in Russia. He recently had five cases himself which he published, three being in the mouth and two in the lungs. In one case he had a brain-like tumor in which the actinomycotic centre was found in a mass resembling the half of a brain. It is very characteristic of the actinomycosis to have a hard infiltrated mass which rapidly disappears, as it has done in this case, and which is more likely to occur in the abdominal cavity than when surrounded by hard structures. This changing of its origin and disappearing of the tumor is also a characteristic feature of the case being actinomycosis. He quite agrees with Dr. Anders that the presence of the actinia is not absolutely necessary to prove that the case is one of actinomycosis.

Dr. Hagen-Torn considered the granulations and the purulent discharge characteristic of actinomycetes.

Dr. Kernig was also against the case being one of sarcoma. The whole conduct of the case in its history, from the beginning around the cæcum to its termination in the lung, presented an inflammatory character, and not at all like one where a new growth is forming. The brain-like mass found, which filled the cavity of the abscess, was one resembling those found in subphrenic abscess by Monastyrski, Plinatus, and himself, where the actinia were found, and after the removal the patients all recovered. Again, the disease in this case lasted more than a year without any apparent metastasis.

Dr. Westphalen, who undertook the microscopic examination, reported that he was in favor of the case being one of sarcoma. He considered there was no difficulty in diagnosing a new formation in this case. The tissue was a typical form of the "celluläre" (Arnold) tissue, which could only be

classified as sarcomatous or granulation tissue. The cells were arranged without any intercellular substance; their size, as well as that of the nucleus, corresponded more to the size of the sarcomatous cell than to the granulation tissue cell, which was his reason for diagnosing the disease as sarcomatous. It is not necessary to affirm that the sarcomatous cell was present in the primary stage of the disease; indeed, it is not likely, as this atypical tissue may have originated out of the inflammatory process. Dr. Kernig put great stress on the purulent and hemorrhagic softening in sarcoma, but this, he could tell him, was not infrequent in cysts and aneurisms of the bone.

Dr. Anders rested his argument on the granulations in the wound and the apparent cicatrix as proof of actinia, but it is not uncommon to have this granulation tissue in the walls of abscesses that later degenerate into sarcoma.

Dr. Westphalen supported his own opinion of the case being sarcomatous from records made by Ishael where the actinomycotic tissue has a close resemblance to sarcomatous formation.

—*Med. Press and Circular.*

THE CELL THEORY, PAST AND PRESENT.

The history of the growth of our knowledge regarding the anatomical unit—the cell—must always be interesting to the student of biology. The younger biologists will all feel deeply indebted to Professor Sir William Turner for selecting *The Cell Theory, Past and Present*, as the subject of his inaugural address to the Scottish Microscopical Society, more especially as the review of this important question comes from the distinguished occupant of the professorial chair formerly filled by Goodsir, who did so much to increase our knowledge regarding the secreting function of cells.

Dr. Robert Hook used the term cell in his *Micrographia*, published in London in 1665, and Nehemiah Grew also made use of it a few years later to express a definite morphological unit.

Due acknowledgment is made by Sir William Turner of Malpighi's description of "the lobules of fat in animals as consisting of adipose vesicles." He makes mention of the investigations of Leeuwenhoek, Havers, Monro *primus*, Wolff, Mirbel, Bichat, and Béclard. In 1831 the English botanist, Robert Brown, discovered the nucleus of the cells of the epidermis of many plants, and this discovery was followed by the epoch-making observations and generalization of Schleiden and Schwann (1838), "that there is one universal principal of development for the elementary parts of organisms, however different, and that this principle is the formation of cells."

Important observations quickly followed, including the interesting researches of Barry, Coste, and Wharton Jones, in relation to the ovum. John Goodsir's important memoir on *Secreting Structures*, published in 1842, propounded views relative to the functions of cells differing in many particulars from the conceptions of Schwann and Schleiden.

Sir William Turner relates that in 1854, when he settled in Edinburgh as a demonstrator of anatomy, the biologists of that city formed two hostile forces—one side adhering to the views of Goodsir, the other maintaining the principles advocated by Dr. Hughes Bennett. Many then believed in the free formation of cells in pathological exudations, a view completely overthrown by the appearance of Virchow's masterly *Cellular Pathology* (1858), and the formulation of the expression *omnis cellula e cellula*.

Von Mohl employed the term "protoplasm" to designate the contents of vegetable cells surrounding the nucleus, and Schultz applied it to the substance which had the corresponding position in animal cells, discarding the view that a membrane was essential to a cell, and defined a cell as a nucleated mass of protoplasm. As a result of these inquiries the "reign of protoplasm" was inaugurated, and it seemed as if finality had been attained and that the supposed structureless character of protoplasm represented the limit of ascer-

tainable facts regarding the physical basis of life.

Improvements in lenses, and especially in their power of definition and the great development of histological chemistry, not only put a new complexion on the matter, but have been the means of enabling investigators to demonstrate that the supposed homogeneity of cell protoplasm is a delusion, and the "restless spirit of inquiry" has detected during the last few years that protoplasm is far from being structureless, and has led to the discovery of the remarkable phenomena displayed by cell nuclei embraced by the term "karyokinesis." This has naturally led to renewed observations, and now active minds are at work to ascertain the existence of intracellular conditions which will enable us to found a physical basis, or at least a working hypothesis, to explain the facts of heredity. We must be hopeful. The interesting observation of Ryder—that if two coloring matters—safranin red and methyl green—be brought to bear on suitably prepared sections of the body of an edible oyster, the red-staining fluid affects the ova and the green the spermatozoa—is most promising, and suggests methods by means of which we may before long be actually able to demonstrate the male and female derivatives in a developing cell, or at least enable us to trace the fate of the spermatozoon after it has come into vital relation with the ovum.

Darwin's pangenesis and Weismann's views as to germ-plasm in relation to heredity are, as was pointed out some time ago, when we consider Professor McKendrick's interesting review of *Theories of Heredity*, simply speculations with very slender foundations on facts. There can be very little doubt that soon some biological genius will come upon the scene to grasp the matter in a comprehensive manner, and co-ordinate many of these marvellous facts of late discovered in relation to intracellular conditions, and elaborate a theory of heredity which will disperse the deep obscurity with which it is at present surrounded.

Among the many pithy statements contained in this admirable address,

one especially deserves notice in which the Professor expresses the following opinion:—"I am unable to accept the proposition that there can be no transmission to the offspring, through the reaction of the soma on the germ-plasm, of characters which may be acquired under direct external influence." In these days of active progress it is not often that we pause to consider the steps by which any especial branch of science has been brought to its present condition; we therefore feel the more grateful to Sir William Turner for having written such an able, painstaking, and impartial account of the cell theory as is contained in his valuable address, and he may feel sure that it will be frequently consulted by those who are interested in the history of biological science.—*Brit. Med. Journal*.

THE DIAGNOSIS OF GASTRIC ULCERATION.

The developments of modern medicine in the direction of diagnosis of affections of the stomach have been of a very satisfactory and helpful nature, and not a little of the success which now attends the treatment of such diseases is immediately attributable to the labors of investigators in this field of discovery. The prime importance attaching to an early differentiation between ulcers of a so-called simple nature and those of malignant origin need not be insisted on, the subsequent treatment involved under the two sets of conditions being, of course, absolutely dependent on the early formation of a certain prognosis. Hence the great utility of a reliable test of the state of the implicated organ and the value of a means of diagnosis on which we may trustfully base the therapeutics that shall be pursued. The essence of this resource is the determination, by practical examination, of the presence, absence, or proportional amount of free hydrochloric acid contained in the secretion of the stomach, it being now clearly proven by a very large number of careful observations that in cases of cancer the acid in question is either altogether absent or forms but a small portion of the contents of

the organ in comparison with the amount which normally should be present. On the other hand the amount of free hydrochloric acid in cases of simple gastric ulcer is often considerably in excess over the proportion existing under conditions of health; and it very rarely diminishes; and the constancy of this relation is such as to confirm the earlier opinions which obtained respecting the etiology of this form of ulceration. It need hardly be insisted on that the determination of these relations could only be possible with the help in arriving at conclusions respecting the dependence of cause and effect that is given by the improved methods of observation introduced by the modern advance of scientific medicine. Among them, modes of investigating the condition of the stomach occupy a prominent place; they include direct examination of its interior through a tube illuminated by an electric lamp; gastro-diaphany, a method of determining the size and contents of the organ with the aid of an incandescent lamp attached to the end of a soft rubber stomach tube, which is inserted in the ordinary way, and which by lighting up the interior of the cavity permits its outlines to be distinguished when the observation is carried out in a darkened chamber; measurement of the capacity of the organ by the injection of fluids or of air into it may also be resorted to, or it may be similarly distended by introducing into it successively, by the mouth, bicarbonate of sodium and tartaric acid, when the evolution of carbonic acid gas fulfils the same end, a plan that Frerichs has adopted with success. There remains to mention, too, the proceeding by which portions of the gastric secretion are withdrawn for chemical examination, whereby the degree and nature of their acidity may be directly made out, and thus an immediate conclusion arrived at concerning the morbid processes at work within the organ.

Of the comparative merits and availability of the various plans here mentioned it is perhaps unnecessary to say much, unless it be to point out the superiority of that which enables the character of the secretions to be deter-

mined, since it is this kind of information that yields the necessary guide to remedial measures most likely to prove beneficial under the special circumstances observed. Of the method of direct examination of the stomach walls several competent authorities speak in condemnatory terms; and it is probable that the dangers incurred by its adoption are incommensurate with the value of the results secured by it, particularly since less objectionable means may be adopted for arriving at information at least as useful and complete. Of the other measures mentioned all possess features that commend a resort to them under suitable conditions, but that which confers a knowledge of the state of the secretions in regard to the presence of hydrochloric acid may be at once accepted as being an indispensable aid in the diagnosis of gastric disease.

Valuable communication was recently read before the Association of American Physicians at the annual meeting at Washington, the author of the paper, Dr. Kinnicutt, citing several cases in illustration of his method. In this essay the value of this particular means of diagnosis is clearly demonstrated; but it is also shown that an absolute increase of acidity does not always occur in cases of simple ulcer, though these are not, like cancer, found in association with absence of hydrochloric acid. Rather, the conclusion Dr. Kinnicutt arrives at is, that the presence of free HCl in cases of gastric ulceration found on repeated examination of the gastric contents, strongly points to the non-cancerous character of the lesion; and in practice it cannot be doubted that this means of diagnosis will afford most valuable assistance.—*Med. Press and Circular*.

A NEW METHOD OF OBTAINING SMALL QUANTITIES OF THE STOMACH CONTENTS FOR DIAGNOSTIC PURPOSES.

Dr. Einhorn (*N. Y. Med. Record*), says: The chief progress in the study of diseases of the stomach lies especially in the field of the chemical condition of that organ. The determination of free

hydrochloric acid plays a main rôle, for it forms one of the most important products of the stomach-secretion. As is well known, the stomach-contents are obtained by means of a tube and by Ewald's "expression method." There are certain pretty obvious objections to both these plans. Any method which makes less difficult the examination of the stomach-contents should be welcome to the practitioner. It is certainly better to have something objective, than to be merely dependent upon the subjective complaints of the patient. Guzenburg, in 1889, tried to avoid the tube by making his patient swallow potassium iodide fastened in rubber bags by fibrine threads. The drug was set free by digestion of the brine, and was tested for in the saliva. Another method was that of Edinger, in 1881, who made the patient swallow a sponge tied to a silk thread. The chief fallacies of the latter plan are, that the sponge is squeezed at the cardiac orifice, and also absorbs secretions of the œsophagus, etc. To meet these objections the author has devised a "stomach-bucket," shaped like a small acorn, and opening at one end. Over the opening is an arch, to which a silk thread is tied. In order to introduce the little vessel, it is placed at the root of the tongue and the patient directed to swallow, when it reaches the stomach in from half to one and a half minutes. A knot in the string, forty centimètres from the bucket, is convenient. If the stomach be not empty, a sufficient quantity of its contents can now be withdrawn to make qualitative tests for free hydrochloric acid and the rennet ferment. In this way the danger and inconvenience of the tube are avoided. The best time for obtaining a sample is, three to four hours after a trial dinner. Sometimes the vessel gets filled with mucus before entering the stomach, in which case it should be closed with a thin gelatine cover before reintroduction. Other points incidentally shown are (i) permeability of œsophagus; (ii) determination of closure of cardia; (iii) strength of stomach contraction, indicated by the traction on the thread.—*London Med. Recorder.*

EXOPHTHALMIC GOITRE.

The disease known indifferently as exophthalmic goitre, Graves' or Basedow's disease, is a good example of a class of maladies of which it may be said that we know much and very little. The group of symptoms which go to make up the morbid entity has been long enough before the profession to enable the clinical part of the investigation to have been brought to a fair state of completeness, yet we cannot conscientiously affirm that we are in possession of any reliable information as to the etiology or even the pathology of the disease. The series of lectures on the subject by Professor Kahlar, of Vienna, a translation of which we have just published, serve to emphasize these remarks, though they present a succinct and faithful summary of all that is at present known respecting this erratic but always severe action. As usually taught, the malady is described as consisting of three sets of symptoms, affecting the eyes, the thyroid gland, and the heart, but while this rough enumeration is accurate enough as far as it goes, it fails to give a comprehensive idea of this curious and complicated pathological condition, which the more we study it the more complicated it grows. We see, for instance, that in respect of the eyes the exophthalmos is only the more obvious, and by no means the only lesion. Concurrently with this protrusion of the eyeball, which may be more or less marked, various defects in the co-ordination of the orbital and palpebral muscles make their appearance. Not only is the eyeball itself protruded, but there is a remarkable projection of the cornea, and this is particularly pronounced when the patient is examined in profile. Graefe is stated to have been the first to have noticed these additional phenomena, which is quite independent of the exophthalmos, and may be present when the exophthalmos has either not made its appearance or has disappeared. The lack of co-ordination consists in that the movement of the eyelids do not correspond to those of the eyeball, though they are normally associated. In other words, the movements

of the eyelids are not parallel with the lowering of the plane of vision. The unexplained preponderance of the thyroid enlargement on the left side is another feature of interest and diagnostic importance. The cardiac symptoms are generally the first to excite attention, and are often present before any other symptom puts the medical man on the track of their real nature. They are usually well marked, and the hurried nature of the heart beat, with its increased rapidity and the concomitant respiratory acceleration, are very characteristic of the disease to the experienced observer. Associated with this derangement of the cardiac function is a curious restlessness, due doubtless to the perturbation which it causes in the organism as a whole. As the professor observes, the heart phenomenon is the principal feature in the picture of symptoms, and not only constitutes the special source of danger in a disease which does not otherwise immediately threaten life, but it is an indispensable element in the diagnosis. The heart is dilated and hypertrophied, and the circulation as a whole is affected. The skin is hot, though the temperature as registered by the thermometer, is not above the normal. When left uncovered it does not cool, as would the skin of the ordinary healthy individual. Profuse sweating results from the excessive blood supply to the cutaneous structures, and violent diarrhœa is a not uncommon complication. A noteworthy feature in reference to this diarrhœa is the fact that though often profuse, it is not attended by the exhaustion which follows this symptom when due to phthisis or irritation of the gastro-intestinal tract. Other abdominal troubles are frequently complained of, but these are mainly due to the abnormal pulsation of the abdominal aorta and its larger branches. Indeed, the professor attaches a special importance to this symptom in the diagnosis of the affection. Passing on to the other manifestations of the malady we find that there is another very noteworthy symptom in the shape of a peculiar tremulousness, which may be distinguished from all other nervous tremors by its rapidity and regularity. It sometimes

verges on chorea in violence, but presents features which enable the differential diagnosis to be made. The motor derangement is in a certain proportion of the cases associated with psychical symptoms of an anomalous character, principally characterized by mental depression. Turning from the manifestation of the disease to its course, one is struck by the extreme difficulty of giving a reliable prognosis. In males the outlook is almost invariably unfavorable, but in women the utmost uncertainty prevails, as to its ultimate termination. In the latter, cases which seem desperate may suddenly and unexpectedly become arrested, and the patient be restored to a condition of comparative health, or the disease may drag on for years, while in a select few the symptoms run on to a rapidly fatal termination. Various theories have been put forward to account for the complex phenomena, but most of them have been relinquished in favor of a neurotic origin, though we are still completely in the dark as to the nature or determining causes of the morbid process. As to the treatment, the author remarks that it is conjectural and enigmatical from beginning to end, though he does not deny that so far as the symptoms are concerned, something may still be done to relieve. Until we know more of its nature and causes little will probably be done in this direction, but if by observation and experiment we can only discover a means of preventing the extension of the morbid process we shall have reason to be satisfied, for it would be sanguine to hope ever to be able to renovate the damaged nervous structures or restore the degenerated heart to its pristine condition.

—*Med. Press and Circular.*

EXCISION OF THE MAMMA PERFORMED DURING HYPNOTIC ANÆSTHESIA.

I. M., twenty years of age, unmarried, consulted Dr. Schmeltz (*Gazette Médicale de Strasbourg*, July 1, 1890), of Nice, about a growth in her right breast, which she had observed since April, 1890. While examining the

growth, which appeared to be a large sarcomatous tumor, Dr. Schmeltz remarked that this young woman could be easily plunged into a hypnotic state. He sent her asleep in a few seconds by looking fixedly at her, and making some downward passes. The catalepsy and anæsthesia seemed complete at the same moment. He proposed complete extirpation of the mamma, as the neighboring glands were not affected and her general health was good. The young woman agreed that the operation should be performed under anæsthesia produced by hypnotism. Several preliminary experiments were made to see if she could be brought into a state of insensibility. It was found that pins could be driven into different parts of her body without giving her any pain. On the day fixed for the operation it was found impossible to obtain complete anæsthesia, as Miss M. had been told that it was the day of the operation. It was not till after the departure of the assistants that she could be hypnotized, when the conviction was implanted in her mind by suggestion that the operation would be put off for eight days. She was hypnotized, however, next day, when everything went on right. When the operation was completed, Drs. Lauza and Barrier assisted the operator. They wished him to have chloroform or ether ready in case of failure, but this Dr. Schmeltz would not do. "I operated very slowly," says Dr. Schmeltz, "and quite at my ease. The patient even sought to encourage me by her words. She appeared very gay and laughed several times as if to show decidedly that she felt no pain, and, to make the operation easier, she turned herself in a more favorable position, holding her right arm extended without any assistance being necessary to fix it. I kept her all night to observe her, after having made the suggestion to her not to suffer, and to have an excellent night." This was realized. The patient did well, the incision healing on the fifteenth day. The tumor was found to be of a malignant character.

Dr. Schmeltz remarks that it is important not to tell the patient the day of the operation, otherwise fear and

anxiety will prevent him being hypnotized. He observed that during the operation the pulse did not vary, though the patient looked pale. Every one cannot be mesmerized; and generally it is expedient to make a number of hypnotic rehearsals leading up to the operation. When the patient is made to close the eyes, one can generally obtain anæsthesia. Magnetic insensibility is superior to that produced by ether and chloroform, the administration of which cannot be kept up for a long time, whilst hypnotic anæsthesia lasts as long as the operator desires.

Dr. Schmeltz thus describes his method of procedure: "The rotative mirrors of Luys, which I have several times tried, and of which that author thinks so much, seem to me weak in comparison to the old method of looking into the patient's eyes, combined with descending passes. This natural method forces the subject instinctively to lower the eyelids for a time, varying from some seconds to some minutes. If sleep be not obtained quickly by this manner, I hasten things by shutting with my fingers the eyelids of my subjects, compressing at the same time the eyeballs. At this moment I suggest to them that I am going to re-open their eyes, and then the eyelids will fall of themselves. If even after this the experiment fail, I go on until I succeed, or I send away the patient to recommence the next day. The shutting of the eyelids once obtained, it is easy in the great majority of cases to obtain a perfect general anæsthesia, as much superficial as very profound, and as complete in all cases as with ether or chloroform.

—*London Med. Recorder.*

WHEN SHALL WE USE HYPNOTICS?

In acute disease, particularly fevers, sleep is often a necessity, reducing the activity of the heart, removing more waste, and quieting the general excitability of the nervous system. In chronic disease there is frequently the same temporary need. In incurable disorders with pain and discomfort, in the restlessness of senility, hypnotics and nar-

cotics—and used freely in the last years of life—are almost the chief justification of our service. Often in mental disease they are, for a time, all but indispensable. In some neurotic people their occasional use can hardly be avoided. In acute nervous and mental disturbance from profound shock, full and continued doses of narcotics may dispel most threatening symptoms. The individual must, of course, be taken into consideration. Many can be depended upon to use hypnotics only as directed by their physician; others can no more be trusted with them than certain persons with alcohol. Something of slight intrinsic hypnotic value may be intensified by its mental effect, and I am sometimes deliberately asked for a prescription upon which to build a mindcure. It is often imperative to prescribe a hypnotic, where it is best that a decided hypnotic effect should not be got. For this purpose a somewhat unpleasant drug is better than an altogether agreeable one, and the prescription which I use consists of a few minims of paraldehyde in a drachm of chloroform water. This can be repeated in the night several times, and be continued without harm.

In some conditions, even with acute maniacal symptoms, it is better to let the patient lie awake almost absolutely for two or three nights than give the amount of narcotics necessary to produce sleep.—*DR. FOLSOM, Boston Med. and Surg. Journal.*

PILOCARPINE ALMOST A SPECIFIC FOR JAUNDICE.

Dr. Witkowski (*Gaz. Thérap.*, June, 1890), considers pilocarpine almost a specific for jaundice, and if the disease continues after from ten to fifteen days' treatment, a malignant growth may be suspected. The mode of administering the drug is by hypodermic injection of one-sixth grain (0.01 gramme) once or twice daily. Dr. Witkowski has succeeded in over thirty cases, and has only failed to derive benefit in cases of malignant disease of the liver.—*Provin. Med. Journal.*

PRESENT MEDICO-LEGAL STATUS OF THE ABDOMINAL SURGEON.

Dr. W. W. Potter (*Journal of the American Medical Association*) says that the factors that enter into the inquiry, "What is the medico-legal status of the abdominal surgeon?" and that largely determine that status, may be grouped and summarized as follows:

1. The operator's ability. What has been his apprenticeship, what his surgical aptitude, his experience, his fertility of resource—in short, his abdominal instinct?
2. The propriety of the operation. Has this been established beyond reasonable doubt, and have its necessity and dangers been fully explained to the patient and his or her friends; or, in case of minors, to guardians or parents?
3. The consent of the patient. Has this been obtained in a legal and binding manner, and have the near friends also consented; and in case of a minor have the parents or guardians legally consented, and is there indubitable proof of this?
4. The preparation of the patient. Has this been adequately done in accordance with the modern rules of abdominal surgery?
5. The anæsthetic. What form of this was used, and was the anæsthetist experienced in the administration of anæsthetics? Were the proper precautions taken to determine the comparative safety of the anæsthetic to the patient?
6. The operation. Has it been performed with that skill that the present light of the science would demand?
7. The after-treatment. Was this in all its details scrupulously and zealously carried out under the eye of the operator? Was a skilled nurse employed who faithfully attended to her duties? Did the attending physician yield absolute control to the operator?
8. The environment. Was the operation done in hospital, public or private, or at the home of the patient?
9. The transportation of the patient. Was the patient removed prior or subsequent to the operation? If so, under what circumstances? Was it with the

advice and consent of the surgeon, and under his superintendence?

On a trial for manslaughter resulting from a disastrous abdominal operation, some or all of these questions would form proper subjects for inquiry by the court, and therefore appear germane to the purposes of this discussion.

The author also remarks:

A patient has the right to refuse operative treatment, however urgent and imperative the need.

After operation the patient has a right to refuse further attendance or treatment from a physician or surgeon who may have been in charge, either as operator or otherwise.

The patient, if sane, has the right to be removed at any time she may elect. Her action or movements, her acceptance or non-acceptance of a course of treatment by her physician, are matters of her own option, over which the latter can exercise no legal control. She can go counter to or in accordance with his advice, as she may will. He cannot exercise over her person any authority beyond that to which she consents.

For any act of duress the physician could be held legally liable.

In the matter of the husband, his legal control over the wife would not prevent her from submitting to surgical or other treatment at the hands of a physician of her own choice, but with her consent the husband would have the right to direct or control her movements in the face of any protest of the physician.

The same principles in a modified form apply in cases where there are guardians.

From the foregoing it will be seen that the physician is absolutely helpless in all such cases as he cannot reach and control by moral suasion. This places the abdominal surgeon at a peculiarly trying disadvantage, for he is in the rather anomalous position of incurring great legal responsibility in cases where he has few legal rights or privileges.

THE Russian Medical Department has issued an order that druggists are on no account to dispense medicines on the prescription of dentists.

PURULENT CAPILLARY BRONCHITIS IN THE PHTHISICAL, DUE TO THE PNEUMOCOCCUS.

Every physician of large clinical experience with the phthisical must have observed many cases in which the more or less sudden termination has seemed to be due to something above and beyond the mere tuberculous condition. That is to say, either physical examination fails to show—and autopsy to reveal—an extent of pulmonary infiltration or destruction sufficient to necessitate a fatal issue at that time, or even to account for the severity of the constitutional symptoms; or, on the other hand, while conditions of great pulmonary destruction have long been recognized, yet the final breaking-down of vital powers in general, is of a suddenness not to have been expected from the slow progress of the chronic disease. The most plausible explanations hitherto offered for the phenomena are sudden, generalized infection from penetration of bacilli into the circulation, or lethal intoxication with ptomaines.

An investigation recently undertaken by MM. Duflocq and Menetrier (*Archives Générales de Médecine*, June and July, 1890) throws a certain amount of new light upon the subject. In the course of their researches into the pathogenetic activities of the pneumococcus, other than as the cause of pneumonia, they have observed clinically, and examined post-mortem, a number of cases of phthisis, upon which an acute capillary bronchitis had supervened, apparently from secondary infection, which they attribute to the pneumococcus.

At the autopsy they have invariably found the lesions of the tuberculous and bronchitic infections coëxisting, but not coëxtensive; the anatomical relations being such as to leave no doubt of the priority of the tuberculous process. While the lesions of tuberculosis were found principally in the upper lobes, the capillary bronchitis involved the middle and inferior portions of the lung; that is to say, regions relatively free from bacillary localization. The bacillus was always wanting in the pus of the bronchioles, while the pneumo-

coccus was encountered only exceptionally and in very small number, in the liquid contents of cavities. Having determined beyond doubt, by culture and by inoculation, that they were dealing with the veritable pneumococcus, the authors ask, Why is it that this microbe gave rise in the cases under consideration, not to pneumonia, but to capillary bronchitis? The answer they give is, in brief, that while ordinarily the pneumococcus must act in conjunction with other pathogenetic parasites—as, for example, the streptococcus or the pneumobacillus of Friedländer, or some more common pyogenetic germ—yet in these particular cases it was the sole agent in the infection; the irritation produced by the presence of the tubercle bacillus and the passage of tuberculous fluids over the bronchial mucous membrane having rendered the tissues vulnerable without other intervention.

If these observations are correct, it will readily be seen how a comparatively limited and quiescent pulmonary tuberculosis can be suddenly converted by this additional infection into a very grave and dangerous condition. Such additional infection will explain the heightened fever, the renewed symptoms of septic toxæmia, and the physical signs of obstructed respiration and impaired circulation disproportionate to the extent of the existing tuberculous lesion.

In these remarks, as in the researches quoted, the well-known liability of the subjects of slow, chronic phthisis to sudden and frequently fatal pneumonia has not been under consideration.—*Medical News.*

TREATMENT OF CHRONIC BRIGHT'S DISEASE.

The treatment of chronic Bright's disease is a subject of very great interest, if only on account of the frequency of the disease. It might be difficult to name a drug which has not been recommended for it. This of itself generally indicates that a disease is obstinate and that medical treatment is ineffective; and, as a matter of fact, those who have had the largest experience with chronic

Bright's disease, in its two forms of parenchymatous and interstitial nephritis, rely more upon dietetic and physical methods of treatment than upon drugs. For example, Senator, in discussing the subject in question before the Ninth Congress for Internal Medicine, at Vienna, April 15 to 18, 1890, declared that the two most important indications were to shield the kidneys and relieve them from strain, and to wash them out. To meet the first indication, agents irritating to the kidneys are to be avoided and the decomposition of albumen must be reduced to the smallest quantity possible. A milk diet with rest, if necessary absolutely in bed, accomplishes both objects, for milk is an alkaline diuretic. Buttermilk, koumys and kefir may be used to substitute milk. Patients who cannot bear milk may be given starches, and if the digestive organs will not tolerate an adequate supply of the latter, white meats, which contain least extractive matter, can be employed. As regards drinks, in addition to the milk already mentioned, mineral waters are to be avoided. The skin is to be kept active by warm baths and friction, with the view of lightening the work of the kidneys.

Senator believes iodide of potash to be useful in contracted kidney on account of its action upon the blood-vessels. In addition, the chief indication consists in sparing the heart and in a hygienic treatment. Moderation in the manner of life, avoidance of immoderate supply of albumen and of smoking, sparing use of drinks, especially alcoholic drinks, avoidance of fatigue, protection against chill, preservation of the activity of the skin through baths, which should not be too warm, are the most important principles in the therapeutics of contracted kidney. Change of climate, especially residence in the South during the unfavorable seasons of the year, exerts a very helpful influence.

The remarks of Von Ziemssen at the same meeting show, if possible, even more clearly that the treatment of chronic Bright's disease must be other than purely medicinal. He says, in speaking of parenchymatous nephritis: "The medication must be confined to

the smallest possible quantity, as by it only too easily the digestion and the whole nutrition are injured." What he has to say about the treatment of dropsy is especially interesting. Long-continued rest in bed is most warmly recommended; diaphoretic methods are likewise indicated, and of these the physical are preferable. Of the latter, Ziemssen calls special attention to the hot-air bath, the hot full-bath, and the partial vapor-bath. The hot-air bath, he says, is given in a warm room in which the temperature of the room can be increased to the desired degree by vapor. In contradistinction to the Russian vapor-bath, however, in which the steam enters the room directly, in this the atmosphere is poor in vapor and is thus able to extract a large quantity of water from the body of the patient through the skin and the lungs. It does not weaken the patient, and is very effective, especially when the patient remains in the bath some hours. As the dilatation of the capillaries and the increased glandular activity of the skin only slowly return to normal, the patient after the bath must be very carefully guarded against chill, which could exert an unfavorable influence upon the kidneys.

The partial vapor-bath, in the form of the cabinet vapor-bath, is very suitable, he says, for use in the sick-room. The patient remains about twenty or thirty minutes sitting in the cabinet, and is then quickly put to bed and covered with large warmed comfortables. The hot full-bath consists in putting the patient in a bath at a temperature of 100.5° F.; hot water is then added until the temperature of the bath rises to 104° or 106° F. After staying in this for twenty or thirty minutes, the patient is taken out and wrapped in warm comfortables. By this procedure uncommonly active perspiration is provoked, and the loss of water is very great, not rarely amounting to one or two quarts; but it weakens the patient too much, and, also, in respect to the subjective condition of the patient, is not superior to the hot-air bath. It should be remembered that in all methods for inducing diaphoresis there is a more de-

cided effect obtained after the second or third trial. It should be borne in mind, also, that in those patients in whom it is important to conserve the weight, those measures must be avoided which increase the temperature of the blood and hasten metabolism; this statement applies to the Russian vapor-bath and to the hot full-bath. In the cases referred to, the hot-air bath at a temperature of from 95° to 104° F. is indicated.

Chronic disease of the kidneys appears to be in many cases only a part of a degenerative process general throughout the body; it is more easily recognized in the kidneys because its signs (albumen and casts) are unmistakable. It is folly, therefore, to treat the patient as if his kidneys were the only organs diseased, and actually harmful to whip them to increased activity with irritating diuretics. The whole man requires treatment, and this should be of such a nature as to check degeneration, conserve strength, and shield the weakened organs from extra work. To this end diet, hygiene, and physical methods of treatment are to be preferred to drugs, which are best reserved to meet special indications or emergencies.—*Med. and Surg. Reporter.*

NON-IDENTITY OF HUMAN DIPH- THERIA AND OF THE DIPH- THERIA OF BIRDS.

It was a very general opinion, up to recent times, (*La Clinique* July 24, 1890), that the disease called diphtheria in birds was the same affection as human diphtheria, and the belief in this identity has caused very serious disquietude among the public. This anxiety is, however, far from being justified, as recent researches have amply demonstrated that the two affections are due to entirely different microbes. According to Strauss, diphtheria of birds is characterized by an exudation which occurs on the buccal and pharyngeal mucous membranes, which invades the nasal fossæ and the lachrymal canals, and accumulates on the eyelids; but this exudation, thick, caseous and purulent, is altogether different from the fibrinous false membrane of human diph-

theria. Thus the diphtheria of birds, which is eminently contagious, has prevailed in a most disastrous manner during certain years at the *Jardin d'acclimatation* without a single case of transmission to man having ever been observed, although children were employed in tending the diseased birds, and M. Saint-Yves Ménard has known two keepers, living in the midst of the avaries, who successfully reared, the one four, and the other five, children.

Strauss brings forward another interesting piece of negative evidence. A certain number of men are employed at the Central Market in Paris in fattening pigeons for the table, the food being administered direct from the lips of the man to the beak of the pigeon. The pigeons thus treated, especially those coming from Italy, are frequently affected by a disease known under the name of chancre, and which is unquestionably diphtheria. Nevertheless, these poultry-feeders have never been known to be attacked by the disease.

Moreover, bacteriological studies have clearly demonstrated the non-identity of the two affections. Recent investigations by M. Loeffler, verified and extended by Cornil and Méguin, have shown that the two diseases are caused by microbes, which are essentially distinct, not only in their morphology, but also in their biological characteristics. The microbe of human diphtheria is well known. It is a short bacillus, usually presenting a swelling at one or both extremities, and of about the same length as the tubercle bacillus, but considerably thicker. What distinguishes it, from a bacteriological point of view, is the fact that it cannot develop below the temperature of 22° to 24° (centigrade), and that, in consequence, it cannot be cultivated on nutritive gelatin at the ordinary temperature of 18° to 20°. On the other hand, the microbe of the diphtheria of birds is a straight bacterium, resembling somewhat in appearance the microbe of chicken-cholera or that of the septicæmia of rabbits. Like these, it can be cultivated successfully on potatoes, thus differing from the bacillus of human diphtheria.

The effects of inoculation of pure cultures of these two microbes are essentially different. If the human bacillus be inoculated into the cellular tissue of pigeons or rabbits, the animals speedily succumb, presenting at the points of inoculation a fibrino-hemorrhagic exudation. On the contrary, the inoculation of cultures of the bacilli of bird "diphtheria" hardly ever causes the death of rabbits or pigeons. It produces merely a sort of caseous abscess at the point of inoculation.

—*London Med. Recorder.*

ÆTIOLOGY OF PURPURA HÆMORRHAGICA.

L. Letzerich (in a *brochure* published by Vogel, at Leipsic, 1889, *four. of Cutan. and Genito-Urin. Dis.*, No. 90), details some experiments which prove what was suspected by others—that morbus maculosus is caused by a specific bacillus. The bacilli were found in the hemorrhagic spots and in the liver; in the latter locality they were especially numerous. They lodge in the divisions of the capillary vessels, and there exercise a chemical influence on the albumen of the blood, changing it into a gelatinous substance which produces disturbances of the circulation leading to extravasation of blood. The author succeeded in obtaining pure cultivations of the bacillus, and produced a hæmorrhagic purpura in rabbits by experimental inoculations.

—*London Med. Recorder.*

FORMULA FOR THE ADMINISTRATION OF CREASOTE IN PHTHISIS.

The *L'Union Médicale*, July 5, 1890, gives the following:

R	Creasote,	30 grains.
	Rum,	1½ ounces.
	Syrup of tolu,	1 ounce.
	Distilled water,	2 ounces.

A dessertspoonful twice or thrice a day in a wineglassful of water, to persons having a tubercular tendency.

—*Med. News.*

INSOMNIA.—ITS CAUSES OR CONDITIONS.

Dr. Chas. F. Folsom (*Boston Medical and Surgical Journal*) defines the causes of insomnia in the following conclusions.

1. The perverse habit of sleeplessness, a result of years, perhaps generations, of misuse of body and brain, I hardly need mention; and scarcely more the habits formed to induce sleep, as regards light and darkness, noise or stillness, idiosyncrasies of position, temperature, etc. These people always are amazed to see how much can be done to form the habit of sleep; what fair sleepers they may finally become by the proper kind of training.

2. Insomnia from external causes, through the various senses, excluding habit, naturally includes the obvious natural sensations of heat, cold, pain, hunger, light, noise, etc.

3. Excessive intellectual or emotional activity, including strain, excitement—pleasurable or distressing—grief, fear, worry, anxiety, etc., if sufficiently intense or prolonged. Naturally, as elsewhere, excess is only a relative term in different individuals, or in the same individual under different conditions. With the forced overaction of the brain the nervous discharge, as time goes on, requires greater stimulation until such a degree of exhaustion and instability is produced that any natural function, even rest or sleep, for a time becomes fragmentary, insufficient, or almost impossible.

4. Of the reflex causes of insomnia, indigestion, gastric or intestinal, is by far the most common, and it may fail to be indicated in any of the usual ways. As in persistent headache, a cause may be discovered only after repeated experiment in withdrawing one article of food after another, until the offending one is found. Genito-urinary and pelvic disorders come next, with unlimited possibilities thereafter.

5. The traumatic antecedents of insomnia are purely physical, from a sudden fall or blow, for instance; psychical, as a violent mental shock; or both, such as occur in railroad accidents,

etc. In these cases there is evidently a wide difference in the degrees of injury to the brain. The impression may be transient and result in restoration to healthy function. It may consist, in almost any degree, slight or great, of disarranging, decomposing, decomposing of cerebral molecules and cells, possibly of association-tracts, sometimes resulting, as Westphal held, in minute patches of sclerosis.

6. The auto-toxic sources of insomnia in acute diseases need only bare mention; in chronic disease, gout, lithæmia, rheumatism, tuberculosis, syphilis, malaria, leukæmia, and chronic nephritis, there is a similar cause independent of any cerebral exhaustion or impaired nutrition which may be produced by them. Probably much at least of the sleeplessness from habitual constipation belongs in this category. I have often found persistent wakefulness an early symptom of some general disease, especially acute rheumatism and arterio-sclerosis, many months before an absolute diagnosis became possible.

The habitual excessive use of tea, coffee, tobacco, alcohol, morphine, chloral-hydrate, bromides, cocaine, or other drugs, is a fruitful toxic source of insomnia. Chronic poisoning from arsenic and from lead, perhaps often by leading to vaso-motor disorders, degenerative disease, and arterio-sclerosis, without the usual symptoms, must not be overlooked.

7. Exhaustion from wasting diseases and enfeebling conditions, pulmonary consumption, anæmia, starving, profuse and repeated hemorrhages, sexual excesses, impaired nutrition of the brain from either deteriorated quality or diminished quantity of its blood-supply.

8. Of vascular origin, from hepatic disease, producing venous stasis from cardiac and renal diseases with increased vascular tension; from asthma and hypertrophied or dilated heart, producing cerebral hyperæmia, anæmia or venous engorgement; from arterio-sclerosis, especially that of old age. Exaggerated or insufficient blood-supply to the brain, venous stasis, increased vascular tension, may also arise from

syphilitic disease of the blood vessels, or from disorders of digestion or of the portal system, and be as fertile a source of insomnia as the disturbances in the circulation in women at the menopause and other critical periods in life including puberty, pregnancy, childbirth and lactation. Here also there may be disordered innervation, as well as disturbed vascular tension and, perhaps, nutrition, such as we often see in less degree during menstruation.

9. *Vaso-motor*. — In that marvel of scientific research and profound medical knowledge, Meynert's *Erkrankungen des Vorderhirns*, the author repeats a statement previously made by him, that the nutrition and the *Erregbarkeits-verhältnisse* of the brain depend upon its relative weight, as compared with the weight of the heart. The blood-pressure, however, is naturally not governed solely by the heart and cardiac innervation, but by the resistance which the cerebral capillary vessels offer by virtue of their vaso-constrictor nerves, thus bringing in the higher automatic vaso-motor centres of the cortex, which are subject also to psychical influences, and the reflex vaso-motor centres in the pons and medulla as well as the associations-tracts, the reflex vaso-motor centres of the spinal cord acting only coördinately or subordinately.

This field of study is too broad to be entered upon understandingly in the present state of our knowledge. That vaso-motor paresis constitutes an important feature of the prodromal period of diffuse cortical encephalitis, and probably of other organic disease, as well as in the neuritis of lead and arsenic, must, I think, be admitted. The theory that there is a disease which is essentially of the cerebral vaso-motor centres, involving, perhaps, the association-tracts and the spinal reflex centres, is one in favor of which much can be said, especially where the symptoms appear rather abruptly in people in otherwise good health, without marked emotional or other exhaustive antecedents, and where the least mental or physical effort produces marked cerebral and spinal hyperæmia. How far vaso-dilator nerves act in such cases is a

matter of doubt, the transient or more or less persistent anæmia and hyperæmia of the brain and cord being explained by excess of functional activity or inhibition of function in the vaso-motor centres.

10. The neurasthenic condition, in exalting the direct and reflex excitability of the nervous system, naturally intensifies the usual causes and conditions of insomnia, the unusual sources of insomnia in neurasthenia, in my experience, being astigmatism and hallucinations of sight or hearing. The eye-strain from astigmatism is often in health unnoticed, when in states of debility it produces headache, dizziness, spasmodic muscular action, or wakefulness.

An hallucination of sight occurring a single time is not uncommon in people in reasonably good health. Frequently repeated, such hallucinations are less rare than is supposed without any indications of mental or other disease. Occasionally, like flashes of light, they are precursors of headache. I have observed frequent hallucinations of hearing once, independent of insanity.

If of a distressing nature, hallucinations of sight and hearing may be a fruitful source of insomnia. They occur beyond the power of the will of the individual to call them up, although sometimes able, under some conditions, to cause them to disappear. The hallucinations of sight constitute new arrangements of mental impressions which can be more or less clearly recollected, or they form combinations which seem entirely new. Once I found two sisters subject to them, and once two sisters, a cousin, and a common grandmother — curiously enough, the different members of the families not knowing each other's peculiarities, which, however, were quite different in kind, until I began my investigations. They had thought them uncanny, and had concealed them.

11. The neuropathic temperament, usually by inherited predisposition, but which may be acquired. In its pronounced form it is closely allied to the well-marked functional diseases of the nervous system, and at the critical

periods of life, may readily develop into them. It is congenital, or due to early interference with the normal development of the brain, to faulty training, and to bad habits of living. It shows itself in infancy and childhood by irregular or disturbed sleep, irritability, apprehension, strange ideas, great sensitiveness to external impressions, disagreeable dreams and visions, romancing, intense feeling, periodic headache, muscular twitchings. There are often excessive shyness, introspection and self-consciousness, or extreme self-assertion or conceit. The imitative and imaginative faculties may be quick, the emotions strong, the affections intense or almost absent. The natural feelings easily become disturbed and perverted. The passions are unduly a force in the character, which is commonly said to lack will-power. Self-discipline is a mighty task, and self-control is acquired only with great difficulty. The memory is now and then phenomenal. There is a ready reaction to external circumstances, even to the weather, by which the individuals become easily a little exhilarated or somewhat depressed. They are apt to be self-absorbed, and may be suspicious, or morbidly conscientious. Slight physical ailments, hardly noticed or rapidly recovered from in sound constitutions, leave on them a long or lasting impression. They readily become neurasthenic, hypochondriacal, or nervous invalids, so-called, and they break rules or disregard established customs with less cause or provocation than other persons. They lack stability, or have in special directions narrowed limitations of intellectual energy, in quality or quantity. To the nervous temperament there may belong social and intellectual gifts and graces, originality, intensity, poetry, art, philanthropy. Adjusting skill, the ability to adjust their organism to their environment, to use Herbert Spencer's phrase, is often lacking.

Many of these people have the marks of Morel's *dégénérés*. with few compensations; many illustrate that marvellous law of compensation in Nature for defect in one direction by

accomplishment in another. Often not only they, but generations before them, have been crammed mentally and emotionally but starved in other ways, their very abstemiousness producing a tough asceticism, requiring decades before the final but sure physical deterioration; or there may be a gouty diathesis, and the somewhat opposite temperaments (or perhaps constitutions) may be combined by intermarriage. They fail to store up nervous energy; they are unable to inhibit the free or excessive or explosive discharge of it in response to inconsequent excitations, and they are constantly in the position of having expended more than their reserve nervous force. From the prominence in adult life of the unstable emotional centres which predominate in childhood, they are most difficult to treat. Most of them are insomniacs, more or less—to quote one of the most gifted and graceful of them. We can no more relieve them of all of their symptoms than we can add a cubit to their stature. But there are none in the community for whom we can do more, as there are none to whom alluring promises, including mind-cure, faith-cure, hypnotism, etc., are more sedative.

12. Wakefulness is one of the most difficult symptoms to treat in the various stages of many forms of mental disease, and it is doubtless only an early symptom in many cases where it had been regarded as a cause. In hysteria, hypochondria, and organic diseases of the spinal cord and brain, including hemorrhage, embolism and thrombosis, insomnia often taxes our utmost resources.

13. As a form of insanity—that is, as an interchangeable psycho-neurosis in families predisposed to mental disease—insomnia is not very uncommon, especially among Morel's *dégénérés*. In such case it is persistent for months or years, is attended with great mental and physical exhaustion from slight effort, and is most intractable to treatment. It usually ends in more or less permanent mental enfeeblement with impaired will-power and diminished self-control, perhaps without, but generally with, other psychical symptoms.


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EDITOR AND PUBLISHER,

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Cincinnati, September 13, 1890.

The Week.

DEFECTIVES: THEIR CARE, AND THE PUNISHMENT OF CRIMINALS.

The recent execution of a noted criminal by means of an electric current has attracted attention and aroused discussion as to the best means to be used for this purpose, and whether capital punishment or the taking of life for a crime committed is consistent with the common enlightenment that we boast of as belonging to the last decade in our nineteenth century era.

It is commonly conceded that the execution of a criminal has two purposes—one the punishment of the guilty person, and the other the moral effect of such modes of punishment on those who are tempted to commit the crime of taking another's life.

With the rarest possible exceptions, criminals are those who are both mentally and morally defective, and this defective characteristic is continually manifesting itself through hereditary descent in very many ways, in some

assuming the form of epilepsy, insanity in some of its multitudinous manifestations, hysteria, eccentricity and neurotic abnormalities. Not infrequently the special senses are imperfectly developed, obtunded, or lacking altogether; while in others there is an unnatural acuteness, and in almost every one a divergence from the normal.

Some of these people have a fear and dread of the execution of the law that amounts to a horror, in others there is a callous indifference as to their fate, while a portion would glory in an opportunity to "die game," either in a brawl or on the gallows.

These mental and moral defectives show their abnormal condition of defectivity by the frequent commission of the same kind of a crime, while other temptations to do wrong are easily resisted. The incendiary delights in a fire that destroys, and becomes a "bug," and, although the opportunity may present for theft, he is rarely guilty of stealing. The confirmed thief is filled with emotional sorrow at seeing the destruction of property by fire.

Men who have had the brightest genius, whose names are blazoned in the world's history for their deeds of brilliancy, have been epileptics, in whom certain neurotic conditions were productive of "fits." In Napoleon the First the act of copulation always produced an epileptic spasm of severity.

Others of these abnormal neurotics or defectives gloat over the sight of blood in the taking of animal life, and are supremely happy when circumstances afford them the chance to engage in such an occupation. These people delight in the infliction of pain.

Let it not be understood that we class the unfortunate insane, epileptics, and others that may be suffering from neurotic troubles with criminals in their

propensities, further than that they are all defectives in their mental and moral natures.

This perversion of faculties may be most susceptible to treatment, and in very many the cure is permanent; and yet in every one of these cases the link in their chain of life that was weak becomes at best a repaired link, and one that should, so far as possible, be kept free from any strain that is avoidable.

The person that becomes an habitual or confirmed criminal, as shown by being found guilty twice, or at most three times, as shown by court records, should be confined and kept away from all avenues that lead to a future opportunity for another commission of the same sin. These people are defective in having no moral perceptions that will prevent their yielding to certain temptations that may come in their way, and for this reason should be kept where there is no temptation.

Society should demand this of our law-makers, the State executive, and of our courts.

Recently the State of Ohio has been scandalized by the publication through the daily press of accounts of women being allowed to frequently visit condemned murderers confined in the penitentiary cells and there awaiting execution, these women being in no way connected with the culprits, but showing a nauseating sentimentality in their behavior towards creatures in human form that had been guilty of the most fiendish deeds. Such conduct as that published about these women should be rated as sufficient cause for punishment by a dungeon confinement, while the officers that permit it should receive a permanent leave of absence from any post of public duty, honor or emolument.

Capital punishment, if it is to be continued as the law of the land, should be in a form regarded by the people as being the most ignominious of deaths. Hanging by the neck has been, and is now, so regarded, and for that reason it should remain the method for the disposal of these incarnate fiends. The adoption or use of electricity for such a purpose is repugnant to the feelings of all the people, because they do not regard this as a shameful mode of death. With the introduction of the daily use of high and intense currents of electricity for motor, light and other purposes that belong to culture, education and refinement, there will be more or less frequent accidents of a fatal character follow from such uses of this powerful and potent agent; these accidents will occur to the most skilful and intelligent men, men selected for this very employment because of their known morality, integrity and ability, and their mode of death should not be thought of as if it were in the same line with that adopted for the execution of convicted murderers. This mode of death should not be made ignominious in the eyes of the people, and electricians should set their faces against the electrocution of criminals.

Our law-makers could do themselves credit by the enactment of a statute that would require the immediate seclusion of a condemned murderer, requiring the court to fix a day of execution that should not be made known to the public in any way, and requiring an entry to be made thirty or sixty days after the execution showing that the sheriff had done his duty in the premises.

Morbidly sentimental women, and every other person not acting in an official capacity, should be denied an interview or any other view of the con-

damned, both before, at the time and after the execution.

The publication of hideous pictures of the convicted murderer, his cell, gallows, surroundings and death, with harrowing and always grossly exaggerated accounts of the occasion, should be forbidden by law.

The publication of such matter not only panders to the very lowest tastes of all classes of people, but it is particularly a source of demoralization to the defective classes, many of whom are thus made to look upon the shameful culprit as a sort of hero.

Another evil in this connection is the religious fanaticism that is wont to display itself at such times. We read of the repentant thief on the cross at the time of the crucifixion of our Savior, but his repentance in no sense made him a subject for hero worship. We believe it possible for the guiltiest sinner that ever swung from the gallows to be repentant unto his soul's salvation, but we don't believe it happens often enough to ever make a note of in a printed column or page. The proclamation of their repentant deaths and immediate entrance into realms of heavenly bliss ought to be imperatively kept out of print. The public should not be offered the opportunity of comment judgment.

The enactment of such laws would and should do away with all sentimental boquet business as an offering to these criminals; in fact, their death should be made as odious and shameful as their lives have been disgraceful to their kind.

The public notoriety of criminals should be suppressed as largely as possible, and, once undergoing sentence after conviction, all knowledge of them should be prohibited to the public.

In this way mock heroism, mock

sentimentality and misplaced sympathy would, as it should, be most effectually squelched.

PROMOTION OF DR. W. S. CHRISTOPHER.

We take very great pleasure in congratulating Dr. Christopher on his appointment to the Chair of Theory and Practice in the medical department in the University of Michigan. Dr. Christopher has personally a very warm place in our affections, and we will feel his removal from this city as a loss to our local profession. There is a compensation, however, in the belief that his call is to one of the highest positions attainable in our profession. In this he will be a very great gainer; and while we rejoice at his selection, we just as heartily congratulate the authorities of the great Michigan University in their being able to secure a man with the many accomplishments of Dr. Christopher. They will find their new man a thorough, as well as an enthusiastic teacher. His training for the professor's chair has been singularly complete.

There have been no gaps and very few misplaced rails to repair in his career. His entire life has been that of an ardent student in company with students. Having an abundant gift in the command of language, he will lead as an instructor. As an investigator in the realms of the unknown, he is ingenious and patient in his work.

There are very few institutions in any land that will be able to boast of two such men of this type as Professors Vaughan and Christopher.

As a writer, Professor Christopher shines particularly bright, as the readers of THE LANCET-CLINIC know full well. In medical society work he is perfectly at home. In fact we can but say the University of Michigan has secured for

its faculty a first-class, all-round man. Our most cordial good wishes attend him in his new home and new sphere of work.

SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

This society will resume its sessions Monday evening, September 15, at 8 p.m., in Lancet Hall. The first paper will be one by DR. C. D. PALMER on the "Electrical Treatment of Fibroid Tumors of the Uterus."

September 22, papers will be presented by DR. MARY OSBORN on the "Nausea and Vomiting of Pregnancy," and one by DR. WITHROW on "Typhoid Fever During Pregnancy."

Other papers will be announced in the LANCET-CLINIC as usual.

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, September, 16, DR. J. A. THOMPSON will report a case of "Papilloma of the Larynx." Discussion by Drs. Fitzpatrick and Thorner.

At the last meeting Dr. L. S. Colter was appointed Secretary *pro tem.*, to fill the vacancy caused by the resignation of Dr. E. S. Stevens.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—Half fare rates have been secured for attending physicians and accompanying ladies, from Cincinnati and St. Louis via the O. and M. to the Mississippi Valley Medical Association and the American Rhinological Association, which societies meet at Louisville, Ky., October, 8, 9 and 10, 1890.

These rates are good from October 5th to 11th inclusive. The program of the Mississippi Valley Medical Association now contains sixty-five choice papers.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending September 5, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Croup.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....
2.....	3	1	..	..	..
3.....	1	1	..	..	..
4.....	1	..	..	..	1	1	..	..	..
5.....
6.....	1	..	..	..	..
7.....	1	1	..	..	..
8.....	1	..	..	..	1	..	..	..	..
9.....
10.....	1	..	..	..	..
11.....	1	..	..	..	..
12.....	1	..	..	..	..
13.....	4	..	..	..	..
14.....	1
15.....	1	..	..	..	..
16.....	1	..	..	..	..
17.....
18.....
19.....	1	1	1	1	..
20.....	1	..	..	..	..
21.....
22.....	2	..	..	..	1
23.....	1	1	..	..	..
24.....
25.....	1	..	..	..	2	..	..	..	..
26.....	1	..	..	..	..
27.....	3	..	..	..	..
28.....	3	..	..	..	..
29.....
30.....	1	..	..	..	..
Public Institutions.....	1
Totals.....	3	..	..	..	30	6	1	1	3
Last week.....	1	..	3	..	4	..	26	14	..	..	4

The following is the mortality report for the week ending September 6, 1890.

Croup.....	1
Cholera Infantum.....	1
Diarrhoea.....	4
Diphtheria.....	6
Enterocolitis.....	4
Typhoid Fever.....	3
Other Zymotic Diseases.....	0—19
Cancer.....	4
Consumption.....	9
Other Constitutional Diseases.....	0—13

Apoplexy.....	5
Bright's Disease.....	2
Bronchitis.....	3
Gastritis.....	4
Heart Disease.....	5
Liver Disease.....	2
Meningitis.....	4
Nephritis.....	2
Pneumonia.....	5
Other Local Diseases.....	15-47
Deaths from Developmental Diseases.....	8
Deaths from Violence.....	7
Deaths from all causes.....	94
Annual rate per 1,000.....	15.04
Deaths under 2 years.....	27
Deaths under 5 years.....	32
Deaths for corresponding week of 1889....	108
Deaths for corresponding week of 1888....	93
Deaths for corresponding week of 1887....	105
J. W. PRENDERGAST, M.D., Health Officer.	

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 69 cities and towns during the week ending September 5, 1890:

Diphtheria: Amelia, 1 case; Chillicothe, 2 cases, 2 deaths; Cincinnati, 30 cases, 6 deaths; Cleveland, 13 cases, 4 deaths; Columbus 6 cases; Dayton, 7 cases, 1 death; East Palestine, 3 cases, 1 death; Fremont, 1 case; Ironton, 1 case; Leesburg, 2 cases; Lima, 1 case, 1 death; Lockland, 3 cases; Mansfield, 3 cases; Portsmouth, 1 case; Tiffin, 2 cases; Toledo, 1 case, 3 deaths; Xenia, 1 case.

Scarlet Fever: Chillicothe, 2 cases; Cincinnati, 3 cases; Cleveland, 17 cases; Columbus, 5 cases; Greenville, 1 case; Marysville, 2 cases; Portsmouth, 2 cases; Ravenna, 1 case; Salem, 1 case; Sandusky, 2 cases; Washington C. H., 1 case; Xenia, 8 cases; Youngstown, 2 cases, 1 death.

Typhoid Fever: Ada, 4 cases; Amelia, 4 cases, 1 death; Arcanum, 1 case; Celina, 5 cases; Chicago, 2 cases; Chester Hill, 2 cases; Chillicothe, 4 cases, 1 death; Cincinnati, 3 deaths; Cleveland, 17 cases, 4 deaths; Clyde, 1 case; Defiance, 1 case; Elmwood Place, 2 cases; Leesburg, 1 case; Lorain, 2 cases; Marysville, 4 cases; Mechanicstown, 7 cases, 1 death; New Concord, 1 case; New Lexington, 5 cases; New Lisbon, 2 cases, 1 death; Norwalk, 2 cases; Oak Harbor, 3 cases; Piqua, 1 death; Portsmouth, 1 case; Rawson, 4 cases; Ravenna, 1 case; Salem, 2 cases; Springboro, 1 case; Springfield, 6 cases; Toledo, 1 death; Uhrichsville, 4 cases, 2 deaths; Youngstown, 1 case, 2 deaths; Wabash Tp., 2 cases.

Whooping-Cough: Mechanicstown, 3 cases; Youngstown, 1 death. Epidemic at Rawson.

Measles: New Lexington, 1 case; Rocky Ridge, 18 cases.

No infectious diseases reported to health officers in 22 cities and towns.

C. O. PROBST, M.D., Secretary.

Bibliography.

THE INTESTINAL DISEASES OF INFANCY AND CHILDHOOD: Physiology, Hygiene, Pathology, and Therapeutics.

By A. JACOBI, M.D. 2 Volumes. Second edition. Detroit: George S. Davis, 1890.

The name of the author is a sufficient guarantee for the excellency of this work. This volume appears in the Physician's Leisure Library; and on account of the small price charged, the series ought to be in every physician's library. L. J. K.

HYPODERMIC MEDICATION:

By DRs. BOURNEVILLE AND BRICON; and translated by G. ARCHIE STOCKWELL, M.D., F.L.S.

Within recent years no work devoted to this subject has been published in this country or in the English language except Bartholow's Manual and Eulenberg's essays in Ziemssen's Handbook of Therapeutics. In the manual before us, the subject is introduced by a concise, but clear chapter on the history, value, and methods of hypodermic medication. The agents employed for such procedure are arranged in alphabetical order. Their physiological and toxic action is briefly stated, and the therapeutic application treated in a similar manner. Taken all in all, the little work will prove of value to the busy general practitioner, but cannot be recommended to the student, for whose purposes a book more elaborate is more suitable. G. A. F.

THE PHARMACOLOGY OF THE NEWER MATERIA MEDICA.

By GEORGE S. DAVIS, of Detroit.

There have been published since November, 1889, monthly pamphlets, embracing the Botany, Pharmacy, and Therapeutics of new remedies. A description of each remedy is present, together with a collection of results obtained by a large number of practitioners, to whom a specimen of the drug either in the crude form or a preparation of the same has been sent. It is not

claimed that information collected in this way is conclusive, but that the method is a very valuable one for collecting evidence, and is a great help towards the final solution of the problem: what is the true value of the drug? Among the large number of agents thus treated, are: *Adonis vernalis*, *berberis aquifolium*, *cascara*, *condurango*, and *cocaine*.

G. S. F.

PHTHISIS VICTA.

The imperishable fame already achieved by Professor Koch through his discovery and demonstration of the bacillus of tubercle, will ensure that his name shall live whenever the study of pathology is cultivated. Great, however, as are the benefits this brilliant investigator has already conferred upon humanity, they bid fair to be eclipsed by the yet more precious gift which he bids us to hope for at his hands, a means, namely, of destroying the bacillus when it has effected an inroad in the tissues of the body, and of thus preventing the disastrous results associated with its maleficent activity in the organisms of its victims. At the recent Berlin meeting of the International Medical Congress, one of the principal and most interesting addresses was that on Bacteriological Research, delivered by Professor Koch, and it was in this communication that the prospect of relief alluded to above was held out to mankind. After alluding to the germicidal influence of a large number of substances experimented on with a view to determine their power to check the development of bacilli, and having expressed the regret he experienced on finding that, though thus effectual in preventing the growth of bacilli in cultivated preparations, they were yet without effect if tried on tuberculous animals, the orator proceeded to make the cheering statement that his efforts had at last terminated in the discovery of a substance which has the power of preventing the growth of tubercle bacilli, not only in a test tube, but in the body of an animal. At the present time the research on which this statement is based is not fully completed,

and with the humility of true genius, its author tendered to his hearers an apology for mentioning a matter which, in his own mind, had not been completely settled. The occasion, however, was one to call for some little departure from conventional usage when the question to be discussed was one of such vast importance to the whole human race; and none will be found to cavil at the generous impulse which led the greatest of modern bacteriologists to disclose his highest triumph a little prematurely. His own fervent words are: "Should the hopes based on these researches be fulfilled in the future, and should we succeed, in the case of one bacterial infectious disease, in making ourselves masters of the microscopic, but hitherto victorious, enemy in the human body, then it will soon also be possible, I have no doubt, to obtain the same result in the case of other diseases. This opens up an oft-promised field of work with problems which are worthy to be the subject of an international competition of the noblest kind."—*Med. Press and Circular*.

NEW TREATMENT OF TUBERCULOSIS BY VACCINE METHOD.

On November 19 last Drs. J. Gran-cher and St. Martin addressed to the *Académie de Médecine* a sealed packet relating to a method of treatment and preventive inoculation of tuberculosis based upon numerous experiments which they had made on rabbits. The communication made by Dr. Koch to the Berlin Congress concerning the results which he has obtained in rendering guinea-pigs refractory to tuberculosis, or in curing them of advanced forms of tuberculosis, has induced MM. Gancher and Martin to make known their researches on the same subject earlier than they would otherwise have done. In all these experiments they chose the rabbit as the subject of inoculation, and intravenous injection, because there is thus produced a tuberculosis which kills very quickly, and at an almost fixed date, with constant lesions of the liver, the spleen, and the

lungs, and which defies all local treatment. Tuberculosis thus induced being always fatal, a solid basis is thus secured which allows exact appreciation of the negative or positive results of any method which tends to produce the refractory state or to cure after infection. The method employed by MM. Grancher and St. Martin was the injection of tuberculous cultures attenuated in various degrees, and used like the dried spinal marrow in Pasteur's treatment of rabies and hydrophobia. Nine degrees of attenuation have been obtained, the four last being such that the cultivations remained sterile. The injections were made first with the most attenuated cultivations, and then with more and more virulent ones. The authors consider that by this method they have succeeded, on the one hand, in conferring on rabbits prolonged resisting power against the most certain and the most rapid experimental tuberculosis, and, on the other hand, in conferring an immunity against that disease, the duration of which remains to be determined.

—*Brit. Med. Journal.*

USE AND EFFECTS OF SUNFLOWER IN MALARIAL FEVERS.

At a recent meeting of the Moscow University Physico-Medical Society, Dr. N. Filatoff (*Novosti Terapii*, 1890) read a very interesting paper in which he warmly advocated the treatment of malarial fevers by the internal administration of the sunflower (*Helianthus annuus*, Russ. *podsolnetchnik* or *podsol-nukh*) in the shape of a tincture, which may be prepared after the following two simple methods: (i) One part of minced dry stems (or recent stems with flowers) of the plant, and eight parts by weight of *vodka* (aquavit), are put into a well-corked bottle and left to stand at a sunny place for six days, after which the contents are thoroughly strained through a piece of linen. The colature should be given—one spoonful to a child and two spoonfuls to an adult—three times a day. (ii) The other method consists in similarly treating one part of the herb with five parts (by weight) of spirit-of-wine. The tincture

is administered—to children from ten to fifteen drops, to adults a small wine-glassful (a liquer-glassful)—three times daily.

According to the author's extensive experience, the sunflower affords an invaluable substitute for quinine; in fact, it is said to be superior to the latter, as far as the treatment of intermittent fevers is concerned, since (a) it cures in five or seven days such cases in which quinine and arsenic have proved entirely inefficacious; (b) in such cases where no quinine (or arsenic) has been previously tried, the sunflower proves to be, to say the least, as effective as quinine; (c) the remedy strikingly improves the appetite, the patient rapidly gaining flesh, and growing stronger under its influence; (d) the remedy is exceedingly cheap and easily accessible everywhere; (e) it is totally free from the slightest disagreeable accessory effects; (f) it has a pleasant taste, which is especially advantageous in infantile cases.

[The sunflower, an exceedingly common plant all over Russia, has been regarded as a sovereign anti-malarial remedy in the Russian (as well as Persian and Turkish) popular medicine from time immemorial. In 1879, Dr. Peter Filatoff, of Saransk, was the first (in Russia) to introduce the popular remedy into scientific practice. In a short paper in the *Meditzinskoie Obozrenie*, 1879, lqt. p. 348, he drew attention that recent cases were cured by the (one to eight) tincture (given a table-spoonful three times daily to an adult) in from one to three days; inveterate ones in about one week, the remedy being equally beneficial in all types of fever, in men and women, young and old. Later on, his statements were fully endorsed by Drs. Kazatchek (*vide the St. Louis Medical and Surgical Journal*, September, 1889, p. 179) and Al. T. Maminoff, of Moscow (*vide the Provincial Medical Journal*, February, 1890, p. 114). According to Dr. Richard Neale's "Medical Digest," sec. 559: 4, in 1859 Dr. Maury recommended the cultivation of the sunflower in malarial regions as a means of destroying the miasm, the plant possessing the power

of absorbing large quantities of the morbid principle. In his monograph on "Quinine and its Use in Malarial Fevers" (St. Petersburg, 1871, p. 240), Dr. N. Toropoff says that the same prophylactic measure was also recommended emphatically by Van Alstein, Martin, and Valentin. By the way, Dr. Bernard Verzascha, of Basle, in his highly curious and interesting "Neu Vollkommenes Kräuter-Buch, published in 1679, p. 441, highly eulogizes (a) a local application of recent flowers of the plant as a means for rapidly healing any wounds, and (b) washing out venereal sores (*Geschwüre der heimlichen Orten*), with a decoction of the flowers in red wine mixed with a little alum. On the whole, the sunflower appears to be worthy of further therapeutic and pharmacological investigations].

—*London Med. Recorder.*

INFLUENZA is said to have broken out again in different parts of Germany. Several cases are reported from Breslau, and nine, one of them fatal, have occurred at Rinteln in Hesse.

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Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

AN ABSENT-MINDED ARTIST.—One of the most distinguished Parisian landscape painters called in Dr. Pajot to attend his wife, who was troubled with bronchitis. The physician prescribed, and among other things, said to the artist: "Take one of your brushes and some tincture of iodine and paint your wife's back." When evening came the artist took a brush and proceeded to execute the physician's order. Instead of thinking, however, he became interested in art and drew a fine picture on his wife's white back with the brown iodine. He placed a mountain between her fair shoulders, a river across her lungs, and wild flowers over her kidneys. The wife's back commenced to smart from the long course of treatment, and she turned her head in order to demand what her husband was doing. "My dear, have you not finished painting?" she asked. "In a moment, my darling," he answered, "I only desire to sign my autograph and send you to the picture framer."

THE PHYSICIAN AND THE ACTRESS.—Little Ninon, the jolly actress of the "*Varietés*," is on good terms with all the world including her doctor. The other day she was *tête à tête* with a Viscount when the physician was announced. "Tell him," said she to her maid, "that it is impossible for me to receive him this morning, as I am ill."
—[*Le Mouvement Médical.*]

PARISIAN HUMOR.

"DOCTOR, you ate *pate de foie gras*, the other day after saying to me that my stomach was in the same condition as your own, and, if I desired to be cured I should abstain from *pate de foie gras*." The doctor smiled and answered,

wered: "It is true I told you that; but, then, I do not desire to be cured."
—[*Le Figaro*.]

A CELEBRATED French surgeon was on the point of opening a boil on the body of an actress; this boil was in a very peculiar place. "Oh, doctor!" cried the theatrical lady, "when you operate please cut so as to leave no scars that will be noticed." "That will be an extremely difficult operation," said the surgeon.—[*Le Charivari*.]

A wet nurse found herself overcome in one of the rough, jolting omnibusses of Belleville; a fireman and conductor carried her out. She had tried to nurse the baby, but *her milk had turned to butter* by the motion of the vehicle.—[*Panorama*.]

AN avaricious father took his wicked son to a physician. "This boy is, half starved—an anæmic," said the doctor. "You must put him on a sea-fish diet immediately." The miser promised to

follow the physician's advice, and afterwards gave his boy a sardine for each meal.—[*Almanach Du Pont*.]

"DOCTOR, I am married, and I long for children."

"You should travel, madam."

"What good would that do Doctor? my husband would accompany me."—[*Le Voltaire*.]

"DOCTOR, I am very *ennuie*, I am nervous."

"My God! madam, you should have a change."

"Yes, doctor, that is what I need."

"Well, madam, send your husband travelling."—[*Gil Blas*.]

[TO BE CONTINUED.]

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Original Articles.

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THE THYROID GLAND:

THE NEUROTIC CHARACTER OF ITS ENLARGEMENTS, AND THE RELATIVE VALUE OF THE GALVANIC CURRENT IN THEIR TREATMENT.

BY

OTTO JUETTNER, A.M., S.M., M.D.
CINCINNATI.

Chronic enlargement of the thyroid is unsatisfactorily discussed in text-books. Pathologists have exercised considerable ingenuity in attempting to locate the etiological factor of this condition and the practising physician has spent no less brain-force in trying to reduce the neck-circumference of some of his patients. The fact of the matter is that in reference to goitre, our physiological and pathological knowledge amounts to as little as does the benefit derived from the many different modes of treatment suggested. This state of affairs is much to be deplored, in view of the frequency with which thyroid enlargement comes to our notice.

The numerous cases which I have observed during the last two years, have given me ample opportunity to not only study the peculiar features of the cases, but also put to test various methods of treatment.

Chronic enlargement of the thyroid seems to be one of the peripheral manifestations of some unexplained irritation or change in the central nervous system. While admitting our ignorance of the exact nature of that irritation or change, we do not hesitate upon the grounds of circumstantial evidence and sequential manifestations, to believe in the existence of the same. Without assuming to

say anything new or positive in reference to thyroid function, we can, from certain phenomena attendant upon changes in the macroscopic structure of the gland, deduce with a considerable degree of certainty that its function is of great importance in the animal economy. We can, furthermore, approximately determine the probable character of its function.

The condition known as cretinism, both in its congenital and acquired form, is intimately connected with thyroid abnormality. The gland may be congenitally hypertrophic, as is usually the case in cretins. It may be partially or entirely absent after removal. In the latter case the development of acquired cretinism is not at all an unusual occurrence. We see, therefore, that there is a relationship existing between the thyroid gland and that unknown principle which directs the outward manifestations of life in the animal economy. Life is the most active, the most general, the most apparent, and the least understood phenomenon in physiological science. Physiology deals minutely with the effects and manifestations of life, but not with life, accepting the latter as the undefinable *conditio, sine qua non* of the definable.

The excretion of urine, the secretion of bile, the absorption of fluids and the molecular motion of cerebral substance are all dealt with by physiologists, but the principle which is necessarily antecedent to renal, hepatic, glandular, and cerebral function remains unexplained. The peculiar development in a certain way of any cell or any aggregate of cells is called a physiological phenomenon, but no one has yet explained to us why a human embryo invariably develops into the type of his species. We take for granted an inherent tendency

in organic substance to act in accordance with a pre-established norm. If removal or malformation of the thyroid gland will cause that aggregate of cells, known as man, to deflect from the established norm of development of his species by becoming a cretin, for instance, it is evident that there exists a reciprocal relationship between thyroid function and the vital phenomenon which we know so well by its manifestation, whose intrinsic nature, however, is enshrouded in impenetrable mystery. The old Hellenic view, first proposed by Plato, looked upon the nervous system as a net-work of canals, through which coursed a fluid more vital than blood. This fluid was supposed to be life or the power of specific development. This vital fluid or force—*what's in a name?*—certainly exists in all organic matter. In the face of cretinic phenomena can we doubt that the thyroid gland bears some close relation to it?

The question arises as the seat of this vital principle. Physiological research points to the nervous system. There must, then, be a relationship between the thyroid gland and the nervous system. Whether this relationship is such as to practically form the link, missing heretofore, between the demonstrable and the intangible, yet real part of man's nature, between the psychic and the physical, remains to be seen.

It is a recognized principle in physiology that function and structure are to each other as effect and cause. We know that two organs; *e.g.* the kidneys, having the same chemical and physiological structure, must of necessity have the same function. Taking it for granted, then, that the function of an organ is the direct effect of its chemical and physiological structure, it is evident that the thyroid gland if it exerts any influence upon the function of the nervous system, can only do so by influencing in some manner the chemical or the cellular structure of nerve-tissue. Hence we can look upon the thyroid gland as: (1) A functional part of the nervous system, and (2) as the machinery which controls in some manner or other the formation of the chemical

and physiological elements of nerve-tissue.

THE NEUROTIC FEATURE OF GOITRE.

The reciprocal relationship between nervous system and thyroid gland must prevail like an organ-point throughout our considerations of the pathological condition in which the thyroid plays a part. With this fact in our minds we are prepared to look upon goitre as a morbid change related to some disturbance in the nervous system. For all practical purposes we may disregard the occurrence of goitre *per se*, for even admitting the possibility of morbid processes in the thyroid as an organ, in the vast majority of instances clinical evidence demonstrates the symptomatic character of thyroid enlargement. It is symptomatic because it precedes, follows or is associated with a structural or functional neuropathic lesion. It is difficult or impossible to define the etiology of goitre in most cases, because our knowledge of the nervous system amounts to precious little. Clinical phenomena or objective observation must, therefore, take the place of strict pathological demonstration.

One of the cases of goitre which I observed during the past year, was a neurasthenic married lady who had had a swollen neck from the time of her first menstruation. The swelling assumed much greater dimensions during her catamenial periods, disappearing almost entirely during two pregnancies. She had one miscarriage after the second pregnancy. She stated, referring to this miscarriage, that she expected something unusual to occur when during the second month of her third pregnancy her neck suddenly began to swell. Exactly eight days after the occurrence of acute goitre, the product of bimensal gestation was expelled. The neck two days after the occurrence of the miscarriage assumed a natural appearance to return to its usual swollen condition after some weeks. She presented herself to me for relief of her neurasthenia. She insisted upon the use of the galvanic current over her whole body. Her goitre was left out of consideration entirely, since the patient, as she remarked,

did not mind her swollen neck, having had it for so many years. The galvanic current was used upon her and an occasional $\frac{1}{2}$ drachm of natr. brom. administered. After the first application of galvanism the patient complained of a sense of laryngeal constriction and within one week all swelling of the neck had disappeared. Over twelve months have elapsed since this occurred. She is not pregnant and her neck is of normal size. I wish to emphasize that the goitre disappeared after galvanization of the whole body and not after electrolysis of the neck. The same effect, although, in a less marked degree followed the use of the galvanic current (over the whole body) in the case of a nervous old maid in whom there has also been no return of the goitre. The conclusion which is more than probable in both these cases is that the tonic action of the galvanic current corrected some inexplicable disturbance in the nervous system and in this manner established the physiological equilibrium of reciprocity between the nervous system and the thyroid gland.

About fourteen months ago a hysterio-epileptic woman presented herself to me for the relief of a rather large goitre. She asked for the quotidian use of sponge-electrodes upon the swelling. After three applications the electrolytic method of treatment was discontinued because she vomited constantly as long as the current was being applied. I saw her once after the discontinuance of the electrolytic treatment, being called to attend her in one of her periodical fits. I lost sight of her for a number of months. One day she stepped into my office and surprised me with the statement that she had finally gotten rid of her large neck. Upon interrogation she told a tale which is too interesting and singular to be withheld from my readers. We enjoy at the present time the land over the doubtful blessing of a crop of sang-froid belly-cutters who treat everything, from catarrh of the middle ear and pain in the back down to an ingrown toe-nail, by removing the ovaries à la Robert Battey. These scientific executioners look upon the ovaries as abnormal structures and practice whole-

sale castration of women to relieve every ailment to which human flesh is heir. My patient fell into the hands of one of these so-called abdominal (*recte* abominable) surgeons and, of course, was told that the removal of the ovaries was the only thing to be done for the relief of her hysterics. The operation was made—successfully, *i.e.*, the patient got rid of her ovaries, left the bed after twelve weeks and had her hysterio-epileptic fits as usual. She stated, however, that the goitre began to decrease in size and had since disappeared entirely. She asked me whether the same operation could not be performed on her brother who was very anxious to be cured of an immense goitre. I advised her to take him to the same surgeon who had cured her of a large neck by cutting her belly open. She went on her way rejoicing.

The last case was certainly, *cæteris paribus*, a most remarkable one. I am at a loss to discuss the merits of the case as bearing upon the question under consideration. My firm belief in the nervous origin of goitre leads me to be practically convinced of the *propter hoc* in the case, although no one would attempt a logical demonstration thereof. I am not prepared to look upon the disappearance of goitre after oöphorectomy as a mere coincidence, even if the annals of medicine should not record another solitary case. We know nothing of the etiology and pathology of hysterio-epilepsy. The term "reflex neurosis" answers admirably as a high-sounding and meaning-nothing substitute for what we do not know. Granting the close bond between thyroid gland and nervous system, why would it be preposterous to suppose that the deep impressions, made by the removal of the ovaries upon the whole system, rectified some peculiar functional disorder which lay at the bottom of the thyroid enlargement?

The neurotic element must, as we stated before, be taken into consideration as the etiological as well as the pathic factor of goitre. There is, therefore, no very great difference between simple and exophthalmic goitre. We recognize the latter as a distinct variety on account of certain well-known neu-

rotic manifestations, accompanying it. In cases of simple goitre the nervous symptoms are often obscure, but no less a feature of the disease than in morbus Basidowii. In the latter the vaso-motor nerves and inhibitory cardiac nerves are possibly the seat of disturbance—in the thousand cases of goitre of the so-called “simple” variety we observe vague objective neuroses without being able to classify them.

TWELVE ILLUSTRATIVE CASES.

I have selected twelve cases to illustrate the neurotic element of goitre. All cases of goitre which have come to my notice, gave evidence in a more or less marked way of a neurotic tendency. Four of them were genuine cases of exophthalmic goitre. Protrusion of the eye-balls characterized three of these. Enlargement of the thyroid was slight in one of them, the other three cases presenting unusually large specimens of goitre. The nervous features in these four cases were unmistakable, as is commonly found in this form of goitre. The other eight cases of simple goitre also presented neuroses of diverse kinds. Two of them were neurasthenic women who were, as stated before, much benefited by general galvanization. There was one case of hystero-epilepsy and one of genuine epilepsy. Two of my patients were of an excessively choleric temperament (jähzornig). Of the two cases left, one was a case of well-marked chorea, the other was nervous in the common acceptation of the word. All these patients with the exception of three were hyperæsthetic to the action of the galvanic current. Their peculiar neurotic disposition displayed itself in many ways. In order to be able to review the twelve selected cases properly, I will give each case and its characteristics separately.

CASE I.

Exophthalmos well marked. Goitre very large and of stony hardness. Nervous and irritable individual, subject to cardiac palpitation, migraine and nystagmus. Patient was very susceptible to the galvanic current, vomited freely after the first application, and suffered severe laryngeal constriction.

CASE II.

Eye-balls protruding, neck-circumference eighteen inches. Rapid and occasionally intermittent pulse. Patient was at times boisterously hilarious, at other times singularly depressed.

CASE III.

Eye-balls slightly protruding, thyroid enlargement well marked. Irritable pulse, nervous temperament.

CASE IV.

Exophthalmos repulsive, goitre very small. Patient is an emotional individual and causes his family much trouble by his caprices and violent paroxysms of ill temper.

CASE V.

Neurasthenic woman whose case has been detailed above.

CASE VI.

Irritable old maid with a well marked bilateral goitre. Subject to migraine, cardiac disturbances and nymphomaniacal spells.

CASE VII.

Goitre of moderate size in a hystero-epileptic woman. Her history has been related above.

CASE VIII.

Large unilateral goitre. Outbreaks of violent temper, patient is suspicious of his own mother. Patient is small, not well developed, has an idiotic facial expression. Pulse very irregular, especially during galvanization.

CASE IX.

Brother of last patient. Very large bilateral goitre. Patient has a scrofulous physique, is very intelligent. Has attacks resembling angina pectoris. Pulse small and intermittent. No organic heart-lesion. Paroxysmal risus of a distressing character.

CASE X.

Case of genuine epilepsy. Goitre large and associated with a teleangiectasis of the left side of the face. The nævoid tumor is confluent with the goitre and covers a considerable portion of it. Patient is nervous and emotional, pulse not uniform.

CASE XI.

Small goitre in an irritable choreic girl. Severe menstrual disorders, hysterical disposition.

CASE XII.

Small goitre in a healthy, apparently non-nervous lad of eighteen. Patient is a masturbator, though he denies it. Neurotic pulse. During the first application of electricity to his neck, patient experienced a violent erection of the penis, followed by an involuntary discharge of fæces. Electricity, applied to the neck, invariably produced erotic sensations in him.

The neurotic element in these cases is, I venture to say, too evident to require further demonstration. In all these cases urinalysis was systematically practiced with the hope of adducing additional evidence. Since Brown-Sequard's observation of the artificial production of glycosuria, following irritation of the floor of ventr. quart. the possibility of a neurotic element in cases of sugar in the urine is generally accepted. With the possibility of a neurotic glycosuria and of a neurotic goitre in our minds, it is but natural to take into consideration the possibility of a relationship existing between the two conditions. I have found transient glycosuria in three of the twelve cases named, the cases referred to being Nos. iv, viii, and ix.

ELECTROLYSIS AND GALVANO-PUNCTURE.

If the etiology of goitre is an extremely unsatisfactory subject to discuss, the *treatment* of the condition is no less so. All of my goitre patients have come to me with a long and woe-ful tale of many unsuccessful attempts, made by doctors, regular and otherwise, old women, faith-curiers, etc., to comfort the unwilling possessor of an enlarged thyroid. As far as the *modus tractandi* is concerned, my experience is practically limited to the action of the galvanic current, which I have systematically applied to all cases of goitre. Without going into tiresome detail in discussing its merits and demerits in each case, I am inclined to think that its field of usefulness is much more limited than some of its advocates would have us believe. By electrolysis I mean the cutaneous application of the

galvanic current by means of suitable electrodes, the surfaces of which are in direct contact with the skin. I distinguish it from galvano-puncture, because the effects of the latter are those of irritation, inflammation, and subsequent absorption, which does not appear to be the case in electrolysis, as we will see later on. The electrolytic treatment is, as a rule, aside from its monotony and uncertainty of action, without much inconvenience and pain to the patient, unless there is an unusually high degree of susceptibility ("response") or a cutaneous hyperæsthesia. By means of sponge-electrodes the galvanic current can be given to adults daily for many weeks in succession without causing more than a slight erythema. The strength of the current will depend upon the readiness with which the patient responds to electricity, and upon the condition of the battery. If the latter is perfect, (which, by the way, is rarely the case), the current produced by from five to fifteen cells is usually as much as even a strong man will be able to tolerate. The physician must be guided by the indications in each case.

I have applied the galvanic current according to the electrolytic method in more than twenty cases of goitre. To get an estimate of the results obtained, I exclude all cases of exophthalmic goitre, because I have never seen the slightest effect of electrolysis in these cases. The cases of "simple" goitre I will divide, for the sake of convenience, into two classes: First, the *hard*, or fibroid variety, and second, the *soft*, or vascular variety. My observation teaches me to look upon the fibroid goitre as the goitre *par excellence*, suitable for electrolysis. The vascular variety is apparently more effectively treated by galvano-puncture. In cases of fibroid goitre I look upon the age and sex of the patient as very important factors. A young man from fifteen to twenty-five years of age has, in my opinion, the best prospects of getting rid of his tumor by electrolysis. The next best chance has a young woman of from fifteen to twenty-five years of age. The older the patient

the less hopeful the case. The most gratifying results I have attained by electrolysis, were cases viii. and ix. In case ix. the neck circumference was reduced from $17\frac{1}{4}$ to 13 inches after six weeks' treatment.

In regard to the mode of application of the galvanic current to hard goitres, it is to be remembered that the negative electrode is active, whereas the positive one seems to be indifferent. We, therefore, apply the negative electrode directly to the tumor, the positive to any part of the body. This means that we would not, by applying both electrodes to the growth, produce a better effect than by applying the negative electrode to the tumor and the other to the hand. To explain the action of galvanism upon tumors, it has been said that it contracts blood-vessels and in this way reduces the size of the growth. If this were really the case, electrolysis ought to be the method above all others, in soft or vascular goitres. In none of my five cases of soft goitre, however, there appeared to be any impression made by electrolysis, whereas the hard goitres invariably responded, however slightly, to the effect of the current. This fact I attribute to a certain selective action of the galvanic current upon the minute fibrous elements of goitre-structure, causing them to contract and finally to disappear by abstraction of their hydrogen. Dehydration of tissue evidently is the action of negative electricity which lies at the bottom of its wonderful effects upon some hard goitres.

For the soft variety of goitre galvanopuncture seems to be the proper mode of applying electricity. In this method of electric treatment the effect is produced, not by any influence or action belonging to electricity as such, but by the presence of the galvanic current as an irritant, resulting in the destructive inflammation of tissue, such as follows the introduction of any irritant. Observation has taught me that the positive pole has a more prompt irritant action than the negative. In galvanopuncture, therefore, it is the positive pole from which the most decided results may be expected. The

aseptic needle is introduced into the tumor, and the negative electrode applied to some part of the body. Then a weak current is allowed to pass which is gradually increased until the destructive action can be distinctly felt by the hand holding the needle-electrode. The needle should be cautiously moved about without withdrawing it. After from three to ten minutes the current should be gradually decreased, and the needle extracted. The discrete surgeon will know whether to make another puncture at the same sitting. A gush of blood will usually follow the extraction of the needle, and should be instantly checked by a hæmostatic forceps applied to the needle-aperture. After one to three weeks another application can be made. Galvano-puncture will, as a rule, require the use of an anæsthetic. Great caution is necessary to avoid wounding important parts. Large superficial veins frequently overlie the tumor and should, of course, be avoided. The position of the carotid should be taken into consideration. Yet with all caution serious results may accompany or follow the use of the galvanic needle. Collapse or hemorrhage, occurring during the operation, does not contribute much to the comfort of the operating surgeon, as personal experience has taught me to believe. Phlebitis and phagedæna at times cause the case to assume serious aspects many days after the operation. Galvano-puncture of a large goitre is, in my opinion, one of the most trying of surgical procedures.

As far as the practical results, attained by the two methods are concerned, I look upon galvanopuncture as being more uniformly effective. Its employment should be, as suggested before, restricted to the vascular or soft goitres. In these it is generally followed by a diminution of size. The disadvantages of the method are the shock attending each application, and the great danger of hemorrhage. With these facts in mind the surgeon cannot be too careful. Shock is usually well marked in all cases. Hemorrhage is absent in some, but verily alarming in other cases. In one of my cases the

bleeding was so severe that, if the flow of blood had not finally been controlled by constant pressure, an attempt at ligation of one or both carotids would have been to my mind a justifiable measure. Aside from the dangers named and the possibility of phlebitis, septicæmia and phagedæna, which are said to follow galvano-puncture at times, I look upon the galvanic needle as an equally prompt and effective remedy. The results in my eight cases of galvano-puncture were one perfect cure, two almost perfect results and two appreciable diminutions. The three remaining cases (which represented the hard variety of goitre) were not benefited. Two cases bled profusely, three lost some blood, the others were comparatively bloodless. In every case there was some shock. An anæsthetic was used in every case, two attempts at puncturing without it being rendered futile by the struggles of the patient.

Electrolysis is less severe on the patient, less trying on the surgeon, but vastly more uncertain in its effects than galvano-puncture. My experience, extending over twenty odd cases which I treated by cutaneous galvanization, teaches me that electrolysis is much inferior to galvano-puncture, as far as promptness of action and the possibility of recurrence of the goitre are concerned. In addition to this I am inclined to consider it a waste of time and labor to treat a goitre by electrolysis unless the patient is an adolescent person. Then and only then is there a reasonable prospect of success. But even in favorable cases the treatment must be continued for weeks and months before any decided absorptive action manifests itself. Out of the comparatively small number of successful cases there are again some in which the effect is not lasting. The tumor in these cases grows again, and apparently much more rapidly than before. Electrolysis in my hand produced no effect in four cases of morbus Basedowii, no effect in six cases of "simple" goitre, a slight effect in eight cases, a decided effect in two cases and almost perfect results in three cases. The re-

sults were in direct ratio to the ages of the patients.

The results after galvano-puncture seem to be more lasting. There has been no recurrence in the three cases which were perfectly cured.

Summarizing what has been said of the galvanic current for the cure of goitres, it appears to be sufficiently established that:

1. Electricity produces no effect in the exophthalmic variety, although there is no better way of making a profound moral impression.

2. Galvano-puncture is a somewhat dangerous, but successful method of treating vascular goitres.

3. Electrolysis is of questionable value in any variety of goitre, the good results following its use, even in cases of fibroid goitre, being few and far between.

387 Ohio Avenue.

SALOL IN GONORRHOEA.

Mr. J. Ernest Lane, Surgeon to Out-Patients at the London Lock Hospital, publishes the results of the administration of salol in fifty cases of gonorrhœa. Of this number six were cured, twenty-four showed considerable improvement, in fifteen no change either for better or worse was noticed, while in five cases the symptoms were aggravated. The dose used varied from five to thirty grains three times daily. The beneficial effects of salol manifest themselves in a short time. When improvement occurs, the symptoms show an abatement in from two to seven days. In Mr. Lane's opinion, we possess in salol an addition of considerable value to our list of remedies for gonorrhœa; its effect is apparently produced by the action of the urine upon the inflamed urethra, since that fluid contains salicylate and carbolic acids in combination, probably as salicylurates and sulphocarbolates. It may be given at any stage of the disease; and in chronic cases an astringent injection will materially hasten the cure. Larger doses of the drug than twenty grains did not produce any proportional improvement in the symptoms.— *The Lancet*.

A CASE OF SUPPURATION OF THE LUMBAR GLANDS.

Reported to the Academy of Medicine, May 12, 1890,

BY

THOS. P. WHITE, M.D.,

CINCINNATI.

Mrs. P., a widow with one child three years old, consulted me, complaining of general debility a gradual wasting away, loss of appetite, and general malaise. She was very irregular in her menstruation, and as she was three weeks over time; woman-like attributed her ills to this cause. The history elicited the fact that she had been in bed three months after her confinement, had had intense neuralgia in the right side and leg and had had the uterus curetted. From that time on she had been well, until some six months since, when her health began to fail.

I examined her carefully and found the uterus small but exceedingly ante-flexed. She was very thin at the time, and the organs could be easily outlined, but I could find nothing to account for failing in general health. Although I was satisfied that the delay in menstruation was due to general debility, to satisfy her I prescribed $2\frac{1}{2}$ drops of each, oil of savine and oil of rue in pill form, to be taken three times a day. On the third day, July 27th, the flow appeared about as normal. She continued her household duties, and in the evening, as was her custom, she went to the bath room for hot water to wash herself; not finding any warm water she imprudently used the cool hydrant water. The following day menstruation stopped; ordered two-drop doses of specific tinct. of pulsatilla every five hours and hot applications to the vulva.

On next day ordered warm injections and continued the pulsatilla and hot applications. The day following the flow returned quite strong, and when I saw the patient she complained of a chilly sensation. Temperature 104° ; pulse 106. Ordered eight grains of chinin. sulph. and cold application to abdomen. Temperature dropped to $99\frac{1}{4}^{\circ}$ and remained so for eight hours, but at 9 p.m.

had again reached 102° . The following morning temperature normal, but reached 101° in the evening.

On examination found the uterus free, floor of pelvis somewhat congested and spongy, but nowhere could I localize a cellulitis, but suspected there was one out of reach. At the end of a week all symptoms had disappeared, but I kept the patient in bed, fearing the cellulitis would return if she were imprudent. I saw the patient on Wednesday morning, when she said she felt well except a little weak. I still enjoined rest, and as I had to leave the city, left word if they needed any one, to call on Dr. Wenning.

I had hardly left the house when she got up, dressed, and continued about the house Wednesday and Thursday. Friday morning she did not feel quite so well, and in the act of straining at stool was seized with such an intense pain in the right leg that she almost fainted away, and had to be carried to bed.

Dr. Wenning was immediately called and found her suffering from an intense neuralgia and fever. Pain returned every day about 12 to 2 p.m.; after local applications it ceased and the patient was comparatively well till the following day. Dr. Wenning, after a careful examination, could find nothing to account for this, and from the periodicity was inclined to think it due to malaria. I returned the following Tuesday and saw the patient about 1 p.m., and found her writhing in pain, and gave her one-sixth grain of morphia at the seat of pain, which stopped immediately. Temperature was 102° . Neuralgia never returned with the same intensity, but about 2 p.m. there was a rise in the temperature; but the pain was bearable and I did not resort to the hypodermic. The following day I saw the case with Dr. Wenning, and continued the administration of quinine, twelve to fifteen grains per day.

The only pain, in the abdomen, was elicited on pressure just below the liver, a little to the right of the median line. Hot water injections were given every day. Appetite was fair, and general condition remained the same. Menstruation appeared the fol-

lowing month, but only lasted three days.

A few days after my return, two and one-half weeks after the first sickness, a gluteal gland began swelling. Applied iodine ointment and hot poultices; at the same time a number of vesicles appeared on the thighs and abdomen, containing pus; they would dry up and fall off. I opened several larger ones. Gluteal gland occasioned no pain except on pressure. Three weeks after its appearance, we discovered fluctuation, opened it and let out about one ounce of pus. We were in hopes this was the end of the trouble, and for four days she was considerably better. Fever, however, returned, and continued from 101° to 102° in the evening, but was normal in the morning.

This continued for several weeks, when Dr. Reamy was called in consultation. It was his opinion that the patient was suffering from septicæmia, but nowhere could a tumor or cellulitis be found. Cured the uterus and used iodoform bougies, but the patient gradually grew worse. The bowels, which to now had been slightly constipated, refused to act except on administration of strong purgatives. Retching and vomiting, together with loss of appetite, now supervened; evidently caused by occlusion of the bowels. On making a vaginal examination, the right ureter was found much enlarged and inflamed. The urine contained much albumen.

These symptoms caused by occlusion of the ureter disappeared in ten or fourteen days, but the vomiting continued. The neuralgic pain became more severe, and the fever would often be as high as 103° .

It now became evident that we had to do with an internal suppurating gland or collection of pus, which was out of reach, and that rupture of the abscess was eminent.

I saw her one evening, fever $103\frac{1}{2}^{\circ}$, pulse 124° , and was informed that the pain had ceased, but there was a peculiar feeling in the right side as if something was running or crawling inside. In a few hours fever dropped to 99° . Dr. J. C. Mackenzie saw the case next day, when a lump could be detected in

the right epigastrium, and fluctuation by percussion, could be discovered under the right quadratus lumborum muscle.

We decided, however, not to tap but to wait a few days for developments. In a week the bowels were acting normally, the appetite returned, but the right inguinal region continued to increase in size. In about three weeks the abscess pointed under Poupart's ligament along the border of the internal iliac muscle. We let out a large quantity of pus and the patient made a rapid recovery.

My object in presenting this case, is on account of the obscurity of the diagnosis, and because of the rarity of glands in this region undergoing suppuration. I have not thoroughly studied the literature of this subject, but thus far have failed to find a well authenticated case.

The first attack I diagnosed a mild cellulitis, probably caused by the combined influence of passing the sound, the congestion from the emmenagogue remedies, together with the stoppage of menstruation from using cold water; and the subsequent two weeks' behavior only confirmed my diagnosis. Possibly, in this I was correct, the glandular enlargement supervening on the attack of cellulitis.

The pustulous eruption evidently indicated some general infection, and whether the septic material was of long standing or of late origin, I am totally at a loss to say.

I am quite positive that the intense neuralgia which accompanied the relapse, was due to compression of the ileo-hypogastric nerve by the enlarged gland, the daily recurrence being due to the congestion and peristaltic action after meals. As the enlarged gland descended lower down, it compressed the cutaneous-externus femoris, and some of the higher branches of the crural, producing a neuralgia, or rather intense pain in the region controlled by these branches.

As the tumor increased in size it naturally occluded the intestines, and, likewise, compressed and occluded the

right ureter, producing the characteristic symptoms of these lesions.

After rupture the disease was really transformed to a perinephritic abscess, and took its usual course.

Whether perinephritic abscess is not often due to suppuration and rupture of these glands, I am unable to say, but I am convinced after watching this case carefully, that it could easily occur, and is more than probable the case here.

[FOR DISCUSSION SEE P. 352].

EFFECT OF BURNS ON THE URINE.

Dr. C. E. Quinquaud has been conducting a large series of experiments on animals, in order to determine the effects of artificially produced inflammations of the skin upon the nutrition and metabolic changes taking place in the body. Among others, the following is selected as an interesting experiment: He states in *La Tribune Medicale*, that after burns the functions of the bladder are disturbed, the quantity of urine voided in twenty-four hours being about one-third of the normal, this condition lasting several days. Those matters in the urine, capable of undergoing fermentation, diminish, as also the phosphoric acid and urea, and, in this connection, the author makes a point which may modify to some extent the ideas entertained as to febrile pathology. It is held, as a rule, that fever is characterized by an increased elimination of nitrogenized products. In the above experiments, a febrile movement always set in within twenty-four hours after the lesions had been produced, but an ultimate analysis of the urine conclusively demonstrated a marked decrease of the total nitrogen below the normal, this decrease amounting, sometimes, to one-half.—*St. Louis Med. and Surg. Journal*.

GLYCERIN CLYSTERS IN INFANTILE DIARRHŒA.

Two drachm glycerin clysters have been found of great value in infantile diarrhœa. They act promptly, and do not cause discomfort.

Correspondence.

FOREIGN CORRESPONDENCE.

VIENNA NOTES.

VIENNA, August 29, 1890.

Editor Lancet-Clinic:

Medical Vienna has changed so little since my student days, eight years ago, that I could almost imagine that I had simply been asleep for a night, had awakened and pursued my way as of old along the Alser-Strasse to the K. K. Allgemeines Krankenhaus. Everything is still the same; there has been no change, no progress. The first assistants are still ready and eager to reap their twenty florins from their American "Collegen" as colleagues are called here, and in return give them the practice on their clinical material. This material is still as abundant as ever, and constitutes the main attraction. Of course, different chairs are not occupied by the same men as in my time, as death has had quite a harvest. Politzer, Gruber, Schnitzler, Schrötter, Stoerck, however, still hold the fort in their respective chairs of otology, rhinology and laryngology. The same old routine is still observed in all these clinics, the same remedies, the same powders and the same instruments, serve, and will continue to serve, no doubt, until a complete revolution takes place in the old Krankenhaus. Instead of being stimulated to new procedures and more modern methods, by the large number of foreigners flocking here year after year, it seems to have created a careless routine, produced by the feeling of security that Vienna will continue to be the clinical stronghold, the *pièce de résistance* of foreigners. When such a state of affairs arises in a state, a government, the faculty of a school or hospital, the reaction can not be far off. Already Berlin is attracting foreigners by its manifold advantages, not possessed eight or ten years ago. Her great men are more thorough in their methods, more searching in their results, more progressive and scientific in their studies. Their clinical material is fast approaching in number that of

Vienna, and their clinics, themselves, are better fitted up, and the theoretical instruction superior to that found here. I could not have written in such a way eight or nine years ago. I doubt whether I should have believed it myself six months ago, and shattered my old idol, Vienna; but — seeing is believing.

What students can get here is an abundance of clinical material, material that can be used in any way; the abundance of material brings with it a perfection in manipulation of instruments, in technique. Berlin, which has made such rapid strides in the last ten years, is becoming a great rival, and New York, with the manifold advantages of polyclinic and post-graduate school, will soon be second to none. The American specialists on the nose and throat, are more delicate operators, more painstaking in the care of their patients, more original in ideas and inventive genius, and possessed of more progressive ideas in a therapeutic line. The German specialists, and especially the Viennese school, are apt to become too rough, too careless and too brusque in the treatment of their private cases, for the reason that they are mostly confined to treating clinic cases, while their private cases are few and far between. In America I think this is exactly reversed. In daily contact with private cases, and only an hour or two with clinic patients, that American polish, delicacy and gentleness is furthered, which emphatically places him far in advance of his foreign *confrères*.

There is one department, however, which to my mind has not received the importance and attention of the American to the degree it merits, and that is the department of otology. Europe is far in advance of America in the study, the teaching and the practice of this branch. The reason is not difficult to find. It was the *association* of otology and ophthalmology when these branches were first taken up as special ones. Then an oculist was an aurist. To-day no good oculist can be an aurist, too, for truly it would require him to be a rhinologist and laryngologist also, for the fact stands without contradiction

that to be a good aurist one must be an even better rhinologist. The great advances made in ophthalmology, its constantly widening field, makes it impossible for one man to master all these branches scientifically and faithfully. It was this union of ophthalmology and otology, which has completely shoved otology in the background. Our busy oculists could not pay the attention to ear cases that they demanded, as during all this time the literature of otology was increasing and its progress quite marked. It was different in Europe. Ophthalmology and otology are separated, are separate branches practiced by different men, and taught by different chairs. It was this fact that has tended to make the specialty of otology in Europe, especially now as associated with rhinology, one of the most important across the Atlantic. It is to be hoped that America, behind in almost nothing, will show its progressive spirit by following in the same course. It is only this which will diminish the opprobrium that now unfortunately rests on this specialty. Separate chairs of teaching, and a refusal of oculists to treat ear cases, will alone tend to this result. An oculist can only be an aurist if he is a thorough rhinologist and keeps pace with the practice and literature on all these subjects. Such an oculist would be an impossibility. An aurist can only be competent if he is a thorough rhinologist and *vice versa* a rhinologist must have a knowledge of otology, but in a much less degree.

ERIC E. SATTLER, M.D.

DETECTION OF OPIUM HABITUÉS.

BROOKLYN, Sept. 13, 1890.

Editor of the Lancet-Clinic:

SIR.—A statement has gone the round of the medical press to some extent that tincture of the chloride of iron, added to the urine of an opium habitué, will give a blue tint, as evidence of morphia. The statement is *not true*.

J. B. MATTISON, M.D.

Home for Habitues.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of May 12, 1890.

The President, C. D. PALMER, M.D.,
in the Chair.

J. M. FRENCH, M.D., Secretary.

DR. T. P. WHITE read a report of
*A Case of Suppuration of the Lumbo-
Abdominal Glands* (see p. 348).

DISCUSSION.

DR. W. H. WENNING thought the peculiarity of the case was the absence of uterine disease, which would account for this great amount of systemic disturbance. When he first saw the case he thought it one of sciatica due to malaria. The pain was extreme and periodic. The uterus was small as a virgin uterus. All the treatment applied to the uterus did no good. It is singular, too, that the two abscesses opened in such different directions.

DR. WHITE thought that some supposed cases of perinephritic abscess might be accounted for by this case, and that some such cases if more carefully examined would prove to be of this character. At the time of consultation it was suggested to aspirate through the quadratus lumborum muscle, but such procedure was deemed imprudent. Since the recovery of the case the uterus has been drawn over to one side, and in fact this is the case with all the abdominal organs of the right side.

DR. WENNING stated that the great enlargement of the ureter of the right side led them to suspect that there was some trouble higher.

DR. G. S. MITCHELL asked Dr. White if there was any pus in the urine of the patient.

DR. WHITE replied that at first there was a large quantity of mucus in the urine, but that later, and up to the time the inflammation of the ureter began to subside, there had been considerable pus mixed with the mucus.

Home for Habitues, see advg. p. xiii.

Selections.

SYRUP OF HYDRIODIC ACID—HOW AND WHEN TO USE IT.

Hydriodic acid is a compound which in chemical symbol is indicated by the formula HI , and in chemical composition consists almost entirely of iodine. This paradox of constitution, pertains to the fact that the equivalent of iodine is 127, the equivalent of hydrogen less than 1; hence a little over 99 per cent. of hydriodic acid is iodine. The syrup of this acid, the only pharmaceutical form in which it is used, was somewhat in use prior to 1879; but in that year was stricken from the U. S. P. on account of the uneven and imperfect methods by which it was prepared, and also its frequent instability.

For several years thereafter it remained unemployed, and indeed had become nearly obsolete, when, through the successful efforts of a New York chemist, it was re-introduced to the medical profession and received into the general favor which it has since enjoyed; and, indeed, it was no small service which R. W. Gardner thus rendered to practical therapeutics; the syrup of hydriodic acid as prepared by his method, and restored to pharmacy by his enterprise, has held its ground ever since such introduction, being of uniform strength, of stable constitution—at least when the necessary conditions of its preservation are met—and of agreeable taste.

The original gift and service of Mr. Gardner should always be kept in mind and receive due and graceful recognition on all proper occasions. No less than this the writer feels bound to say; and to add that there must be many physicians and druggists throughout the country who, like himself, will always hold in pleasant memory an interview or communication of years ago, in which the information sought was freely and effectively afforded, and this in a way, also, which bespoke the gentleman as well as practical scientist.

A magistral syrup of hydriodic acid is estimated to represent $6\frac{1}{2}$ grs. of iodine in each ounce, is of the consistence of

lemon syrup, of agreeable sub-acid taste, of pale straw color, and must be absolutely free from insoluble particles. Moreover, it may be regarded a stable compound, so long as essential conditions, both as to its keeping and use, are intelligently observed. It must not be exposed to a strong light, or left long exposed to the air; avoidance of either extreme of temperature is equally imperative. Approach either to 32° or 100° Fahr. not alone endangers the loss of medicinal properties but also makes liable a change in chemical constitution, through which a positively deleterious action may result.

As already said, a good specimen of the syrup will be of a fixed, uniform color and present translucency—be absolutely free from insoluble particles,—and this whether held in suspension or precipitated. A faulty preparation—faulty at first because not made right, or afterwards because not kept as it should be—will most often present departure from the standard in two corresponding particulars; will be reddish or reddish-brown in color, and to use a common word, will be turbid. Such specimen cannot fail alone to exert the properties for which the remedy is prescribed; there is danger lest it further exert the properties of an irritant and toxic. A syrup presenting signs of reddish color and turbidity, also presents evidence of chemical decomposition, and among the products of decomposition, iodine in precipitated form.

The Dispensing, Care and Preservation, Ingestion, etc., of Hydriodic Acid.—However it may be with his usual prescription, the physician should always give attention to the source from which this remedy is procured. It may be just that pharmacist, who has not the skill to make the preparation himself, that will often prove ignorant or indifferent as to the honesty or skill of the manufacturer from whom he buys.

Again, should the essential, initial care have been properly exercised, it is equally imperative that, the medicine once procured, a complete and intelligent understanding should exist between physician and patient as to the treatment it shall receive, while in the hands

of the latter, with purpose to ensure its continued integrity. A lack of proper attention given to the points thus made (and to another soon to be presented, and which, if possible, is of greater moment), is chiefly responsible for partial result, positive failure, in the use of the syrup, and, too often, unmistakable injury attending upon its use.

The ingestion of the remedy demands the strict attention of the prescriber; and in this particular, with the many results involved, the latter is alone responsible, as, upon details just presented, he shares responsibility, in varying degree, with the druggist. But, above all, it is a determination of the hour with reference to eating, when the medicine shall be taken, which is of importance, of capital importance; and, still here again, error, ignorance, indifference will not alone bring failure in medication, but often deleterious results also.

Now, unless the writer is strangely misinformed, the standard books and teachers seldom give emphasis to this capital condition as we conceive it to be, in the use of the remedy; too often pass it by without notice. Many medicines can afford such slight and dismissal; syrup of hydriodic acid cannot afford it. In all that directly concerns the ingestion of this remedy, there must be conscientious instruction on the part of physician, intelligent co-operation between physician and patient, strict obedience of the latter to the former, or the medicine had much better never have been prescribed.

Just here, and as pertinent to the immediate subject, a somewhat personal remark may be excused; first, in the writer's capacity as writer, again in his capacity as practitioner. As said heretofore, if he is informed upon the subject of present consideration, if his estimate of a material which has been an object of use, study and instruction on his part for many years, is correct, we have now reached that stage of the discussion which, with purpose of all possible brevity, demands in its treatment a concession of whatever space may be required, even although as compensation some other department be passed rapidly and curtly in review.

Again, as practitioner, he is free to confess that, in early experience with the remedy, it was prescribed for some time and with repetitions before it began to be realized that there had been wrong, misconception, neglect upon a condition more essential to the success of the remedy and the help of the patient than any other, except the remedy's initial and continuous integrity. And this condition, which concerns the hour of the day, because of the implied status of the patient's stomach, imperatively governing the exhibition of hydriodic acid, was first taught me, not by the consultant by standard books of reference, but by the complaints rendered by the stomachs of my patients. After a certain number had reported disturbance occasioned by the remedy, gastric distress, etc.; after the remedy in consequence had been more than once suspended, condemned, abandoned, the secret of disappointment and disaster was revealed.

A universal rule in medication, seldom as such is met with, is a measure of actual help to the practitioner, who rightly apprehends it; to the specialist in therapeutics it affords a satisfaction which may partly come from the offset it suggests to conditions continually reminding him how far removed from an exact art is the art to which he is devoted. That universal laws exist is sure, as sure as that these laws are very few. When a law that is really absolute and without exception, presents particularly if it concerns practical therapeutics, it is certain to have a value and authority which we cannot well disregard. It is a common rule, and yet of frequent exception, a rule which is every day recognized and acted upon, that remedies are best ingested while there is food in the stomach, *i.e.*, during the meal or soon after.

On the other hand it is a *universal law*, if we mistake not, and one of opposite direction, which governs the exhibition of the medicine of present study, *viz.*, the *syrup of hydriodic acid must always be presented to an empty stomach*; or as we express the condition to the patient: repeating the medicine two or three times each day, you should

always take it *a half hour*, as nearly as possible, *before each meal*. We insist that this law is universal, as so established by repeated clinical evidence through the years; that which was personal with ourselves and that which has been communicated by other observers.

The principles, physiological and chemical both, on which such regulation rests, can only require assertion; hydriodic acid, in whatever medicinal form, is an agent of frail chemical constitution (and this frailty, which is inevitable, which pertains to the chemical nature of the body—before remarked of it as a pharmaceutical preparation—follows it from the shop of the chemist to the closet and stomach of the patient).

Easily decomposed on exposure to any chemical disturbance, *it must always enter a stomach which is empty of food and which is, therefore, of neutral reaction*. If the stomach receiving it be occupied with food and the digestive process, the remedy promptly ceases to be a remedy, assumes a modified form of analogy to the discolored, turbid pharmaceutical preparation, of which we have taken previous note, becomes a local irritant, and, if it be absorbed, a toxic also; but with this difference, that a chemical disintegration which occurs in the bottle (before ingestion of the remedy), is more innocent for the patient than that taking place in the stomach⁽¹⁾.

In conclusion we state our belief that a neglect to recognize and obey the law which should govern the administration of hydriodic acid is the most frequent and prolific cause of negative result, disappointment, disastrous results in its use.

Let it be objected that the principles concerned with the ingestion of such a

NOTE.—It may be, exceptionally, an *essential and an active toxic*. The *iodates* are essentially toxic salts, thereby presenting a marked contrast with the *iodides*. Now if iodine be precipitated in the stomach, in a form of minutest subdivision, at a time when the chemico-vital energies of digestion are in full operation, it may well be that conditions shall obtain calculated to invite transformation into an iodate. Against such peril, it would seem that no assurance can be given, however improbable its occurrence may be, however infrequent.

remedy are obvious, are such as to justify the slight or omission experienced at the hands of many teachers and hardly to excuse the space at present devoted to their illustration, and that it may safely be left to the rational deduction, *a priori* observation of the physician. This might all be, were the medical profession, generically, a body of reasoning, observing, thinking men (and the author would enter a prompt *caveat* and disclaimer of odium conveyed in this remark, having confessed for himself that it was through *a posteriori* evidence, as afforded by his patients' stomachs when maltreated, that he first learned a correct practice, based upon the *universal law* enunciated).

But all physicians have not been set right through such observation, even. In a word then, the pharmacist has learned during recent years how to prepare and dispense the remedy; it is presumably trustworthy and efficient as it comes to us from his hands. But, before such remedy can accomplish all of which it is capable and possess the uniform, universal confidence of the profession, the physician must learn how to use it.

That there is frequent difficulty in directing a course of hydriodic acid and securing its regular repetitive ingestion at the right hour of the day, the physician cannot have failed to recognize who has had somewhat of experience this way. It is not every patient who can so command his time as to take his medicine *t. i. d.*, and always considerably before sitting down to table; and others who might do this and who remember to take their medicine at meal time, will not long remember to receive it regularly at quite an interval before the meal.

Of one thing I am sure, from long observation; the conference between doctor and patient on this point must always close with the ultimatum: *the remedy must be taken on an empty stomach or it must not be taken at all!* (and there are worthy and intelligent patients who are made all the better for the discovery by indirection now and then, that their physician does not prescribe primarily for their convenience,

but for a purpose quite different.) And still exceptionally, if the dose have been forgotten for the occasion or unavoidably delayed, it may be taken, even so near the approaching meal as by fifteen to ten minutes. If the proper relations exist between doctor and patient, the course of medication, efficiency of the medicine, will not be allowed to suffer prejudice through the neglect of minor instruction and concession like this.—HENRY M. FIELD, M.D., in *Medical Mirror*.

SALOL IN THE TREATMENT OF CHOLERA.

At Hyderabad, in 1889, eighty-eight cases of cholera came under Hehir's direct supervision and treatment (*Indiana Med. Gazette*, June, 1890). In the first seventy-seven of them, he adopted the perchloride of mercury treatment, with thirty-nine deaths. A mortality of 44.7 per cent., or about what might be anticipated from any system of expectant treatment. At this period his attention was directed to the reported good results from salol, and he therefore used it in the remaining cases, eleven in number. They all recovered. Ten grains were given to each patient every two hours, the maximum quantity given to any one case was ninety grains, and the minimum, forty grains. The use of the drug seemed to effect a *gradual* abatement of all the symptoms. Two effects were especially manifest, a shortening of the period of convalescence, and an absence of symptoms of uræmia. Dr. Hehir rightly points out that too much weight should not be attached to these unusually good results. They were the final cases in an epidemic, and it has long been recognized that the mortality is much lower in the last attacks of an expiring epidemic of cholera, than in those occurring at an earlier stage of the outbreak. In the same journal, Dr. Stevenson reports four cases from Calcutta, which were treated with salol. They all proved fatal, but he thinks that the drug had some effect in lessening the severity of the symptoms. The germicidal properties of salol, on the comma-bacillus of Koch,

were first demonstrated by Professor Löwenthal. It must be admitted, however, that the comma-bacillus has not been proved to be the cause of cholera. The German Cholera Commission only showed that the comma-bacillus was "probably" the cause of the disease, and the English Cholera Commission, having gone over the same ground as the Germans, showed that the comma-bacillus was found in other cases besides those of cholera, and that it exists in tanks from which people drank the water, without taking cholera.—*London Med. Recorder.*

THE CONNECTION BETWEEN GASTRIC DISEASE AND DISORDERS OF THE NERVOUS SYSTEM.

According to the opinions of M. Cuffer, expressed in a recent number of the *Revue de médecine*, reflex action can not explain the persistency with which nervous disorders appear in connection with diseases of the stomach. In chronic gastric cases, notably in those of cancer, he has observed the presence of these disturbances, and he considers it possible that they may depend upon an ascending inflammation of the pneumogastric nerve, extending to the bulb, and on this supposition he explains the bulbar symptoms which he has found present in his cases during life, and which post-mortem has enabled him to verify. In the early stage of disease such manifestations have, no doubt, a reflex origin, but the researches carried on by the writer in connection with tabes dorsalis have led him to observe the fact that reflex disturbances have great prognostic value and that they indicate the direction which will eventually be taken by the concomitant nervous lesion.

Nervous disorders of gastric origin may be divided into two classes: 1. Transient disturbances of variable intensity, sometimes intense, but leaving no permanent trace behind them. 2. Permanent affections, always grave, bringing about disease of sufficient gravity to cause death. Of the first class stomachal vertigo is a frequently observed instance, but it is found more

commonly in cases in which the mucous membrane of the stomach is alone concerned, and not in those in which the whole thickness of the gastric wall is involved, as is particularly the case in cancer. But it is grave structural lesions that are dealt with in M. Cuffer's paper. Coincidentally with the beginnings of disease, reflex disturbances occur, and respiration and cardiac action are disturbed, but after a certain period the right heart becomes permanently dilated, and the signs of tricuspid regurgitation with intermittence become apparent. Visceral congestions and œdema of the extremities also occur, and in this way patients whose disease is in the stomach may die of a cardiac cause.

These phenomena are thus explained by M. Potain, who has given special attention to their production. At the moment the gastric mucous membrane undergoes a congestion a reflex influence is developed which brings about a spasm of the branches of the pulmonary artery; hence tension is increased throughout this arterial distribution and the emptying of the right heart is interfered with, so that at first it undergoes transient dilatation and later on manifests the signs of tricuspid regurgitation and asystole. A reflex action may thus give rise to grave structural disease, and even to fatal effects. Further, the tendency to bulbar changes in gastric disease was long ago pointed out by Peter, who described, in connection with these effects, pain in the upper part of the vertebral column. Salivation is often present in such cases, a symptom essentially bulbar.

Cuffer relates four cases in support of his statements, in all of which there were stomach symptoms with evidence of organic disease, and subsequently signs of bulbar paralysis, but he was not able to prove his explanation of these coincidences until November, 1889, when he was enabled thoroughly to convince himself of its correctness at the autopsy of a man, aged forty-five, who had died in his wards at the *Hôpital Tenon*. A well-marked inflammation of the peripheral parts of the vagus was demonstrated. M. Cuffer

brings his communication to a close by asserting the existence of the two kinds of nervous disturbance due to disease, functional disturbance and organic lesion which is of the nature of a bulbar myelitis consecutive to an ascending inflammation of the vagus, the latter taking its origin at the level of the gastric lesion, and which is accompanied by the symptoms, more or less complete, of labio - glosso - laryngeal paralysis. As to prognosis, the transient nervous manifestations do not increase the gravity of the situation, except in those rare cases where cardiac dilatation and asystole are present, while the permanent nervous changes indicate a rapidly fatal termination.

—*N. Y. Med. Journal.*

ICHTHYOL IN DISEASES OF WOMEN.

In a recent reprint from the *Berliner Med. Wochenschr.* Dr. H. W. Freund of Strasburg, recommends ichthyol as useful both externally and internally in a number of the sexual diseases of women, especially those of inflammatory origin. In his hands it has proved more efficacious and more rapid in its action than any other remedy. It has also the useful effect of quickly relieving the pain that accompanies pelvic inflammation. In chronic parametritis, chronic and subacute perimetritis, in inflammation of the tubes and ovaries, in erosions of the os, and in pruritis of the external genitals, it is capable of bringing about a quite surprisingly rapid and complete cure. Internally he gives the ichthyol in doses of 0.1 grm. or a grain and a half in a pill three times a day to commence with, and later in doubled doses. Externally he employs a mixture of ichthyol 5 and glycerine 100 parts, on tampons of cotton introduced into the vagina. When energetic resorption is demanded he employs the ichthyol with equal parts of lanolin or with green soap, 8 parts of ichthyol and 80 of soft soap, rubbed over the abdominal walls. He also uses it in the form of suppository, 0.5 to 0.2 grm. In the case of erosions he has painted the pure sulpho-ichthyolate of ammonia on to

the os and cervix, and has observed very rapid healing. In pruritus he uses it in the form of the ointment (ichthyol 10 parts, lanolin 90 parts is a very good form) or in a 10 per cent. aqueous solution. The digestion improves under its use. The results of its intravaginal application are, according to Dr. Freund, positively astounding. Thick cicatrices in the laquear disappeared in the course of a few days, parametric cicatrices thinned down and became less rigid, tubal pains diminished, etc. The pain-relieving quality of the ichthyol was quite as remarkable as its very unusual one of promoting absorption. No ill effects were ever observed. The author acknowledges, however, that there are cases where ichthyol alone does not suffice to bring about the desired result, but other methods of treatment must be put into use in its support. Thus when the pain is very great and the case permits he uses tampons, which contain from 2 to 5 per cent. of chloral hydrate in the glycerine employed, and goes on with the ichthyol after the pain has subsided. And again, after resorption has taken place he leaves off the ichthyol and passes on to massage or electricity. Very obstinate and even desperate cases should not be submitted to operation until a trial has been given to ichthyol.

—*Med. Press and Circular.*

ABSORPTION OF DRUGS FROM OINTMENTS.

Luff (*Journal of Dermatology*, June, 1890) describes some experiments he has made with the object of ascertaining to what extent drugs spread upon the skin in the form of ointments are absorbed into the general circulation. The several ointments containing soluble drugs were prepared, and each ointment was placed inside a sheep's bladder; the bladder was suspended in a beaker of distilled water, kept at a uniform temperature of 98° F. in a water-bath. The ointments were prepared with three different substances as a basis, viz., vaseline, lard, and lanolin. The results of these experiments are thus classified: Vaseline and iodide of

potassium, exosmosis commenced at end of *one hour*; lard and iodide of potassium, at end of *nine hours*; lanolin and iodide of potassium, *nil* at end of *twenty-four hours*; vaseline and carbolic acid, exosmosis commenced at end of *two and three-quarter hours*; lard and carbolic acid, at end of *seven hours*; lanolin and carbolic acid, *nil* at end of *twenty-four hours*; vaselin and resorcin, exosmosis commenced at end of *ten hours*; lard and resorcin, at end of *fifteen hours*; lanolin and resorcin, *nil* at end of *twenty-four hours*. These experiments have all been performed with sheep's bladders, but the author hopes to be able to publish the results of further experiments on the living subject. The practical lesson to be learnt from this paper is, that if an ointment is employed with the view of its active ingrediends being absorbed, then vaseline is by far the best excipient to use; but if an ointment is employed for its local effect only, absorption of its active ingredient not being desired, then lanolin is the best excipient for such an ointment.—*London Med. Recorder*.

IODINE IN OBSTINATE VOMITING.

Every physician who treats his cases intellectually must recognize that he meets with vomiting arising from two opposing states of the stomach or general system. In one case inflammation or irritation of the gastric mucous membrane may exist, while in the other depression and a depraved functional activity prevent the organ from retaining food by some nervous reflex which we do not understand. The vomiting of inflammation may be controlled by acornite in full dose; the vomiting of depression by small or stimulating doses of ipecacuanha.

Within the last few months the tincture of iodine has been highly recommended by a number of writers in the current journals, and they have one and all pointed out that its sphere is in the forms of vomiting due to depression of the stomach. Thus Roques (*Gazette médicale de Liège*) has employed this drug in the vomiting of tuberculosis in

its early stages with good results, and recommends its use in chronic gastritis and simple gastric ulcer. He also thinks it of value in the vomiting of pregnancy, and in chlorosis. The drug is not very disagreeable to take, and produces a sensation of warmth in the stomach which, in some cases, is pleasant to the patient. The tincture should be given, adding ten drops to four ounces of water, one-third of which should be taken immediately after the meal which produces the nausea. Very rarely does this use of the drug produce disagreeable after-effects, but its persistent employment may cause coryza or iodism.
—*Med. News*.

ON THE TREATMENT OF FOLLICULITIS.

Brocq (*Four. of Cutan. and Genito-Urin. Dis.*, No. 90), recommends Læwenberg's application for follicular inflammations. The application is absolute alcohol, supersaturated with boric acid. When there is much inflammation, the diseased parts may be bathed twice daily with this lotion, or a few drops poured upon a poultice of potato-starch, which may be applied over the affected surfaces. If, on the contrary, there is but slight inflammation, and a topical application is well supported, a little absorbent cotton may be moistened with the lotion and applied. This is covered with a gutta-percha plaster, and examined from time to time for fear of exciting too much irritation.—*London Med. Recorder*.

LACTIC ACID IN THE TREATMENT OF DIARRHŒA.

Hayem (*Médecine Moderne*, July 5, 1890) has on several occasions called attention to the value of lactic acid in the treatment of infantile diarrhœa, but it also proves very useful in the same affections occurring in adults. He observes that, in small doses, it appears to exercise a beneficial effect on gastric digestion. In moderate quantities, it is probably absorbed and undergoes combustion in the blood; but the administration of large doses (over ten grammes

daily) is promptly followed by its appearance in the urine and feces. He infers, therefore, that in sufficiently large doses, its effects on the large intestines may be obtained. He has never observed any untoward effects following its use, though he has given as much as ten grammes daily for several weeks at a time. He prescribes the acid in the form of a lemonade, for which he gives the formula: *R* acid. lactic, ten to fifteen grammes; syrup simpl., 200 grammes; aqua dest., 300 grammes; half a tumblerful to be taken occasionally between meals.

—*London Med. Recorder.*

TUBERCULAR PERITONITIS.

Dr. Wm. Osler has arrived at the following conclusions regarding this disease:—

1. Tubercular peritonitis is often a latent affection, localized in the peritoneum, and may even run its course without inducing special symptoms.

2. As in other local tubercular processes, there is in this a natural tendency to healing, which takes place more frequently than has hitherto been supposed.

3. Statistical evidence shows laparotomy to be in many a case a palliative, and in a certain number, a curative measure.—*Canada Lancet.*

A MODIFICATION OF ROMBERG'S TEST IN THE DIAGNOSIS OF LOCOMOTOR ATAXIA.

In a recent Bordeau thesis, summarized in the *Gazette hebdomadaire de médecine et de chirurgie*, Dr. Perron describes a modification of Romberg's test by which he has been enabled to diagnose locomotor ataxia in its incipency. The patient is directed to stand on one leg and close his eyes; if he can not keep his balance, the inference is that he is affected with a spinal lesion that will ultimately give rise to locomotor ataxia. As ordinarily employed, Romberg's test often fails in cases that are not far advanced.

—*N. Y. Med. Journal.*

SURGERY OF THE SPINE.

How far the spinal column ought to be subjected to operative procedures in cases where its structure is involved, is a question which modern progress has brought prominently to the front, and while many surgeons are still doubtful as to the propriety of interference in many instances, there is a strong consensus of opinion favorable to such a course in certain well-marked injuries. Unmistakable paralysis calls; of necessity, for some remedial measures; and even pain may, in its worst manifestations, demand resort to a plan of treatment, that, under other circumstances, would not be entertained. Just what these indications exactly are, however, is the point on which it is so difficult to secure general agreement. While some authorities would limit interference to a few, and those the all but hopeless cases of disease or injury, others are inclined to invoke the help of operation when relief to symptoms rather than prevention of death is the aim held in view. In this country carious vertebræ have, it is true, been several times already treated by free removal of the disorganized tissue, and with results that have fully justified the proceeding. But from this to the adoption of a similar method in the case of mischief due to injury rather than disease is a step that only the boldest have yet seen their way to take. It is urged that a plan which succeeds where it is desired to deal radically with the products of tuberculous disease, will not necessarily be efficient also in the case of lesions arising from other and dissimilar causes, but that a process salutary in the one instance may even eventuate disastrously under circumstances of a different nature. It is, however, tolerably evident in the light of recent events, that the limits hitherto set in this direction are destined to be removed a far greater distance asunder in the not very remote future, and that cases of paralysis resulting from injury to the spinal column must soon be included among curable disablements. It is, of course, true that the degree of injury has to be taken well into consideration in weighing the

needs of each particular case, but where other means of relief will not be likely to result in practical benefit, and the condition of the patient is one to demand treatment of a radical nature, then there cannot be any doubt of the course that is proper to be pursued. Under all conditions, however, the element of time must have its full value attached to it, and ample opportunity afforded for it to effect all the improvements that may be possible through its agency. Inasmuch as experience in the past has shown that by waiting much good may eventually be achieved, so therefore, it is incumbent on the surgeon to assume an expectant attitude while the course of events is such as to justify him in this proceeding. But as soon as the indications point to progressive mischief then his duty is manifestly in the direction of active and efficient interference, in the best interests of the patient entrusted to his care. It is the full extent and nature of this interference that constitutes the ground of discussion among those who are otherwise agreed as to the advisability of attempting to relieve extreme cases by operative means. It is mainly by collecting and comparing the results obtained through surgery in this connection that we shall be enabled to arrive at a definite conclusion respecting the prospects of success awaiting it in the future, and unfortunately the materials as yet available to this end are of the most meagre description, though they are undergoing constant increase in amount.

The most recent contribution that has been made for the purpose is contained in a communication read before the New York Academy of Medicine, last May, by Dr. Robert Abbé. It summarises eight cases in which the spinal canal was opened with a view to remedying conditions either of paralysis or pain. Taking all the cases into consideration it can scarcely be said that a conspicuous amount of benefit was derived, though at the same time enough relief was afforded in some instances to justify the course that was adopted. One point, however, is now rendered abundantly clear, viz., that no success can be expected to follow oper-

ation in those cases where division of the spinal cord has been complete, and in which the separation of the divided ends is for a space of more than a quarter of an inch. Beyond such distance it is found to be impossible to bring the sundered ends together sufficiently to admit of their being sutured in close apposition, and this because of the slight degree of motion of the cord which is permitted by its attachments. Nor in the removal of bony growths encroaching on and compressing the cord, have the results been brilliantly encouraging; but, notwithstanding, there is every reason for indulging in the hope that a greater degree of success will attend the efforts of future operators in the same field. For the cure of neuralgia, it may be questioned whether it is quite a justifiable proceeding to cut down upon and open the spinal canal with the object of severing such of the nerves as are implicated in the sensations produced. Certainly the amount of improvement so far obtained by this means is altogether disproportionate to the gravity of the measure resorted to, and it will be requisite for much more satisfactory results to be proved as fairly likely to occur before general sanction will be given to the operation. Naturally, it is in cases of tubercular disease that the best and most lasting effects have been observed. This class of subjects, indeed, may be regarded as presenting a considerable proportion of sufferers who will ere long be entitled to anticipate that the surgeon will afford them all the relief they have a right to expect as a legitimate development of modern improvements in the surgery of the spine.

—*Med. Press and Circular.*

THE TREATMENT OF ENLARGED BURSÆ AND GANGLIA.

Mr. Bond states, in the June, 1890, number of the *Practitioner*, that he is strongly in favor of the treatment of enlarged bursæ in the neighborhood of large joints by the radical method of excision of the whole or a large part of the cyst-wall. In dealing with these swellings in the popliteal space, the incision must be made well down to the

cyst-wall before beginning any dissection; if this be done, and the cyst well defined while tense and before it is opened, it can be isolated without difficulty. It is then best to lay it open, and ascertain from within what extensions and communications it has; these must be dealt with, and then as much of the cyst-wall removed as possible. In dressing the wound, pressure should be applied with wool-dressing, and the limb bandaged in a semi-flexed position, so that the skin and soft parts fall together, and a tightly-stretched scar is avoided. The same method may be extended to the enlarged bursæ over the olecranon and patella. The treatment of the swellings in the sheaths of the tendons in relation to the wrist-joint is next discussed. Those simple ganglia which are too large to rupture, are best treated by excision; an incision is made over the swelling, which is isolated as far as possible; it is then laid open and its prolongations defined; as much of the cyst-wall as can be isolated is then cut away, and the posterior portion lying over the wrist-joint is left. As a rule, the wound heals by first intention without any adhesion of the tendons. In cases of compound ganglia, the operation is sometimes very complicated, the tendons being studded over with a velvety membrane and vascular fringes, like the lining membrane of the cyst-walls. In these cases the tendons must be picked up separately and systematically cleaned one by one; when this is done, the wound should be stitched up, and, as a rule, good movement is obtained in a short time.

—*London Med. Recorder.*

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Cincinnati, September 20, 1890.

The Week.

CONSUMPTION.

Gynecologists point with great and natural pride to the remarkable and important advances recently made in the practice of their specialty, and mathematically count up the number of years their special operations and treatment have added to the lives of the women of this and other countries, to say nothing of the relief from pain and misery that has followed in their wake.

General surgeons in like manner tell us of the Listerian era of primary union after operations, that are capital in their proportions. Neurologists are able to diagnose brain-lesions and their locality in a way that is really marvelous. And so we may go through the entire category of maladies to which the human animal is subject. Even sanitary science and prophylactic measures have made such marvelous progress that the fire of enthusiasm is made to glow with the fervor of a white heat as we contemplate the labors and studies that have wrought out the results of our present status and knowledge of the cause,

diagnosis, therapeutic treatment, and pathology of all manner of diseases, until in reality we come to think we are absolute masters of the situation. While we glory in all this, our visage in not only dimmed, but cast down as we contemplate a pair of dark spots that show themselves on the very centre of our horoscope.

The treatment of consumption and cancer has not very materially improved, apparently as in all other maladies. That the number of cases cured of consumption and cancer is considerably greater than in former years, there can be no question, but still the ratio of deaths is very large.

There has been a continuous looking forward and straining of the mind in an effort to peer into the future to see the remedy that is to remove from the world the last vestage of the bacillus tuberculosis, or effect as nearly a complete eradication as has been witnessed in variolous disease.

The ocean cable this week brings word that KOCH has so satisfied himself of the utility and value of the methods and processes employed by him in his experiments on inferior animals, that he is about to begin the treatment of a series of patients, by the processes he has devised; which we infer from reports is by a process of inoculation, possibly after the Pasteurian method.

The success that has hitherto followed Koch's investigations, and the reliability of his statements in regard to his work, makes not only the medical profession, but all scientists prick their ears for every sound that he gives forth. Other claimants are already in the field, with announcements of priority of inoculation methods for the destruction of bacilli.

Thus far the methods and processes of these claimants have not won the

confidence of the medical profession sufficiently to attract the slightest attention. This may undoubtedly be attributed to the fact that the professional eyes of the world have, for the past eight years, been focussed on Koch and his laboratory. This has produced a conscious feeling that he would solve the problem that is so pregnant in its results to hundreds of thousands of people.

During this entire period of eight years waiting on this man, there have been very few murmurs at his long and self-imposed silence. His paper read at the Berlin Congress, foreshadowed the word now received, that he is ready and will at once begin his series of experiments on patients who are suffering from tuberculosis. From all we know of Koch, we are ready to believe that this announcement is practically equivalent to a proclamation of success; and yet we are to remember that he is not infallible, however skillful and honest.

The world is agog for Koch's proclamation.

JAMES A. LYDSTON, M.D., Ph.G., late chief of the eye and ear department of the Pension Bureau, Washington, D.C., has been elected to the Chair of Chemistry in the Chicago College of Physicians and Surgeons.

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SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

September 22, 1890, DR. JOHN M. WITTHROW will read a paper on "Typhoid Fever during Pregnancy," and DR. MARY OSBORN will read a paper entitled "Nausea and Vomiting in Pregnancy."

September 29, papers will be presented by DR. B. MERRILL RICKETTS and DR. CHAS. A. L. REED on the "Surgical Treatment of Tubercular Knee, with Report of a Case of Excision, followed by Amputation."

October 6, DR. F. FORCHHEIMER: a subject to be announced.

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, September 25, 1890, DR. W. R. AMICK will report on "Inflammations of External Auditory Canal." Discussed by Drs. Fitzpatrick and Dodd.

DR. B. M. RICKETTS will present a case of "Sarcoma of the Axilla."

DR. JOS. EICHBERG will exhibit a "Microscopical Specimen of a Tumor of Larynx."

LITERARY NOTES.

THE seventh edition of "Da Costa's Medical Diagnosis" is now announced by J. B. Lippincott Company as ready. The work has undergone a thorough revision at the hands of its eminent author, and many chapters have been entirely re-written, so as to inculcate all that has been added to our knowledge of disease up to the present time. A number of wood-cuts are included, especially of such micro-organisms as have proved to be of practical significance in diagnosis. All the illustrations are original, and many are from sketches, or based on sketches, taken directly from cases of interest. There is no work more helpful to a young practitioner than this one, which has already been pronounced by eminent critics "the best book on diagnosis extant."

ANOTHER valuable book just issued by J. B. Lippincott Company, is Prof. Garretson's "Treatise on the Diseases and Surgery of the Mouth, Jaws, Face, Teeth, and associate parts." Upon the appearance of the first edition many years ago, it assumed the leading place as a text-book, to which its merit and the distinguished position of its author entitled it. Much important matter has been added to the new edition, together with numerous illustrations, which greatly increase its value to dentists, surgeons, and physicians.

HEALTH DEPARTMENT OF
CINCINNATI.Statement of Contagious Diseases
for week ending September 12, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Croup.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....	1
2.....
3.....	1
4.....	3	..	..	..	3	..	..	..	..
5.....
6.....
7.....	1	..	..	..	..	..	..	..	..
8.....	1	..	..	..	..
9.....
10.....	1	1	..	..	..
11.....	1	..	..	..	2	1	..	..	..
12.....	2	1	..	..	..
13.....	1	..	..	..	4	1	..	..	..
14.....
15.....	1	..	..	..	..
16.....	2	1	..	..	..
17.....	1	..	..	..	..	..	..	..	..	..	..
18.....	1	1	..	..	..
19.....	3	2	..	..	..
20.....	1	..	..	..	2	..	..	..	..
21.....
22.....	1	..	..	..	..	..	..	..	..
23.....
24.....	1	..	..	..	..	..	..	..	..
25.....	4	..	..	..	1
26.....
27.....	1	..	..	..	..
28.....	1	..	..	..	..
29.....	1	..	..	..	1
30.....	1	..	..	..	1
Public Institutions	2
Totals	1	..	9	..	..	..	30	9	..	..	7
Last week.	3	..	..	..	30	6	1	1	3

The following is the mortality report for the week ending September 12, 1890.

Cholera Infantum.....	3
Cerebro-Spinal Meningitis.....	1
Diarrhœa.....	3
Dysentery.....	2
Enterocolitis.....	4
Other Zymotic Diseases.....	18—31
Cancer.....	5
Consumption.....	2
Other Constitutional Diseases.....	4—11
Apoplexy.....	3

Bright's Disease.....	2
Bronchitis.....	2
Enteritis.....	1
Gastritis.....	1
Gastro-Enteritis.....	7
Heart Disease.....	6
Liver Disease.....	3
Meningitis.....	4
Pneumonia.....	5
Other Local Diseases.....	22-56
Deaths from Developmental Diseases.....	6
Deaths from Violence.....	7
Deaths from all causes.....	111
Annual rate per 1,000.....	17.76
Deaths under 2 years.....	30
Deaths under 5 years.....	35
Deaths for corresponding week of 1889....	108
Deaths for corresponding week of 1888....	90
Deaths for corresponding week of 1887....	91

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 63 cities and towns during the week ending September 12, 1890:

Diphtheria: Chillicothe, 2 cases; Cincinnati, 30 cases, 9 deaths; Cleveland, 12 cases, 3 deaths; Columbus, 12 cases; Dayton, 9 cases; Defiance, 2 cases; Fremont, 1 case; Harrod, 4 cases, 1 death; Ironton, 1 case, 1 death; Mt. Vernon, 2 cases; Sandusky, 1 case; Tiffin, 1 case, 1 death; Toledo, 1 case, 1 death; Wellston, 5 cases, 2 deaths; West Jefferson, 2 cases; Wilmington, 1 case; Xenia, 1 case.

Scarlet Fever: Cambridge, 2 cases; Chillicothe, 2 cases; Cincinnati, 9 cases; Cleveland, 14 cases, 2 deaths; Columbus, 5 cases; Conneaut, 2 cases; Dayton, 1 case; Defiance, 1 case; East Liverpool, 1 case; Ironton, 1 case; Madisonville, 1 case; New Washington, 2 cases; Mt. Vernon, 4 cases; Toledo, 1 case; Wellston, 2 cases; Xenia, 4 cases; Youngstown, 5 cases, 1 death.

Typhoid Fever: Chicago, 2 cases, 1 death; Chillicothe, 4 cases, 1 death; Cincinnati, 7 deaths; Cleveland, 26 cases, 6 deaths; Columbus, 2 deaths; Conneaut, 1 case; Continental, 2 cases; Crestline, 2 cases; East Liverpool, 1 case; Fostoria, 2 cases, 1 death; Ironton, 1 death; London, 8 cases; Lorain, 3 cases; Mechanicsburg, 1 case; New Carlisle, 1 case; Navarre, 5 cases; New Lisbon, 1 case; Norwalk, 3 cases; Oberlin, 2 cases; Ravenna, 1 case; Salem, 1 case, 1 death; Sidney, 1 case; Springfield, 12 cases, 2 deaths; Uhrichsville, 5 cases, 3 deaths; Upper Sandusky, 4 cases, 2 deaths; Wilmington, 2 cases; Youngstown, 2 cases.

Whooping-Cough: Chagrin Falls, 6 cases; Cleveland, 2 deaths; Fostoria, 1 case; Lorain, 2 cases; Madisonville, 1 case; Rocky Ridge, 10 cases; Sidney, 9 cases.

Measles: New Lisbon, 1 case.

No infectious diseases reported to health officers in 18 towns.

C. O. PROBST, M.D., Secretary.

MEDICAL MISCELLANY.

MUNICIPAL MEAT INSPECTION IN BERLIN.

Perhaps one of the most interesting practical applications of modern science which Berlin has to show is to be seen at the municipal slaughter-houses. Towards the north-eastern boundary of the town, and at present almost in the country, is situated the institution in question. To see it in full working order it is necessary to pay an early visit, as work begins by 6 a.m., or before, and most of it is completed by 9 a.m. Be it remembered that no meat is allowed to be sold for food purposes in the town which has not undergone inspection, and no animal can be slaughtered in Berlin except in these public slaughter-houses, where the most minute examination of each animal takes place before it is allowed to be taken away by the dealer who has bought it from the grazier or live meat supply contractor.

No sooner had we shown our cards of membership of the Congress than we were conducted to an official who presented each of us with a plan of the establishment, the course which we were to pursue being indicated with the greatest care upon the plan. Thus furnished we were allowed to follow the bent of our inclinations. It was the morning for pig killing, and after taking a cursory glance at the stabling arrangements and the ample water supply for cleaning them, which was everywhere at hand, we at once made for the scene of operations. Clad in a long pair of leather wading boots, trousers, and a jersey, some stalwart men attacked the pigs as they emerged one at a time through a small hole which leads from their sty into a little pen, and with one blow from the poleaxe, and almost without a scream, a stunning blow was delivered on the head. The door of the pen was opened by another man, and the insensible porker extracted by means of a hook, and speedily bled with a long knife which penetrated behind the sternum. The blood was collected, passed at once into a large pail, and

defibrinated for the purpose of making black puddings, etc., whilst almost in less time than it takes to describe it, the animal itself was put into hot water, shaved, disembowelled, and hung up ready for the inspector. As soon as this was completed the inspector, or rather one should say inspectors, for there were a whole host of them, appeared on the scene, with trays of small tin pill-boxes, each of which was distinguished by a number stamped on the top. Casting his eye rapidly over each carcass to see that no gross lesion existed, he proceeded to remove a portion of the abdominal and laryngeal muscles and similar small portions from the diaphragm and sub-pleural fascia. The four portions were placed in the tin boxes, and the carcass marked, by means of an aniline pencil, with a number corresponding to that upon the tin box. At the same time a note was made in a registry book so as to enable the locality from which the beast came, its owner, and the various points in its life history to be traced, if need be. To the subsequent examination of the contents of the boxes we must allude later on.

The viscera were next examined, and passed or rejected as the case might be. The rapidity with which the omentum and mesentery, liver, etc., were separated from the gut was most amazing, after which the intestine was turned inside out, denuded of its mucous membrane with a wooden scraper, washed and put in salt tubs under pressure to get it into a proper condition for sausage skins. The supervision of the whole of these processes is entrusted to the chief veterinary physician of the city; and under him are a number of veterinary and assistant veterinary physicians and surgeons, whom we saw at work with their notebooks and tin boxes.

Passing from this uncongenial scene, and yet one so admirably conducted as almost to lose its repulsive aspect in our eyes, we came after a while upon our tin boxes again, but this time it was in a laboratory, where, seated at a series of tables with their microscopes in front of them, were a number of officials—

perhaps twenty-five or thirty in a room, and their chief at a table at one end. He allotted to each of his subordinates their duties, and they examined the contents of their boxes with rapidity and precision. Cutting the small pieces of muscle with a pair of scissors, they placed the tiny pieces on a bit of plate glass about a quarter of an inch thick, nine inches long, and two inches broad. This was divided by transverse lines into a dozen portions, on each one of which was placed a piece for examination, and an exactly similar piece of glass placed on the top of it and screwed down tight, so as to flatten out the tissue. It was then easy to examine the specimens with a low power (half an inch), which was quite sufficient, we are assured, for detecting trichinosis or the grosser lesions of tuberculosis.

It was amazing to see the rapidity and ease with which the whole process was carried out, and the careful records that were kept of each case. Should any doubt attach to any specimen at any portion of the inspection the special attention of the inspector is directed to it, and it is sent on to another department, where a more exhaustive examination is carried out, which, we were assured, rendered it almost practically impossible to allow any piece of tuberculosed meat to elude detection. Such special inspections are in the very nature of things rarely resorted to, and we were therefore unable to witness the process ourselves.

All those who are engaged in this work have to pass a special examination, varying according to the character of the work they are called on to perform. It is interesting also to note that for some of the microscopic work women are employed, and perform their task in every way thoroughly satisfactorily.

Under the same roof, or rather within the same walls where all these various processes are carried on, is an exchange hall where the dealers and merchants can easily conduct the business arrangements which are necessary for the transfer of wholesale quantities of meat to the retail dealer; whilst the various restaurants which we came

across from time to time testified to the fact, that whilst satisfying the wants of others in the food line, they did not neglect their own.

It is at this same establishment that the supply and distribution of calf lymph for vaccination takes place. By the courtesy of the director we were enabled to witness somewhat the process in detail. A calf was fixed at the side of a very ingenious table, which apparently hung down like the leaf of an ordinary flap-table, but by means of simple wheel and lever the table could without any difficulty be made to change from the vertical into the horizontal position, carrying with it the calf which was fixed to it into the horizontal posture. The lower part of the stomach was then shaved over an area about equal in size to a large dinner-plate, and duly cleansed with soap and various antiseptic solutions, after which a series of linear scratches about a quarter of an inch apart were made up and down, and others in a cross direction as well. The health of the animal was previously most carefully gone into, and when the inoculation was completed it was kept duly under observation, and thoroughly watched, so as to ensure that the disease should run a normal course before any of the lymph is distributed. Free distribution takes place to the various local officers in different portions of the empire, who in their turn report their results to headquarters, where, if anything should go wrong in their practice, it can at once be traced to its true cause, and proper means be taken to ensure its non-recurrence. The envelopes in which the lymph is sent are marked "Königliches Impf- und Lymphe-Erzeugungs-Institut zu Berlin, S. W. Tempelhofer-Ufer 29. Inhalt: Lymphe," and are conveyed free by the post-office to their destination.

Is it too much to hope that this plan of meat inspection, which is in force in Berlin and in other cities of the German Empire, and has recently been introduced into Moscow, may one day be extended to England, the home of preventive medicine?

—*British Med. Journal.*

CLIMATE IN ITS RELATIONS TO HEALTH AND DISEASE.

Dr. W. E. Smith (*Boston Med. and Surg. Journal*) says:

1. In tracing a connection between the weather and disease, the tendency is to go too far and ascribe to atmospheric conditions more of a causative influence than we can prove. Because a climate may expedite or inaugurate a cure, is no inherent proof that a climate, even though it have the opposite atmospheric conditions, will, *per se*, cause the disease.

2. Climate means more than the weather, and includes data concerning the contour of the land, the situation of hills and forests, and the nature and chemistry of the soil.

3. With no reason can we measure a climate by its absolute humidity alone, or ascribe to absolute humidity the supreme control over the origin of disease. Coincidence of data do not necessarily show a causative relation.

4. The degree of absolute humidity is more a resultant than a cause of atmospheric conditions, although it may be frequently a *mediate* cause of atmospheric changes. In no way, however, can we measure the value of absolute humidity or discuss its influence upon our bodies, until we bring it into relation with something beyond itself. We are, therefore, constantly discussing *relative* humidity—if we use the English language with its proper meaning.

5. To assume that the weather controls health and causes disease by its influence upon the respiratory organs alone, is utterly to ignore the vascular and secretory systems of the body with their important functions. The assumption being unwarrantable, all conclusions and inferences based upon it are illusory.

6. *Absolute* humidity, *per se*, can have no influence upon health. Its influence depends upon the temperature and accompanying atmospheric conditions. A low *absolute* humidity in cold air is the mediate factor in abstracting heat, not moisture, from our bodies. A low *absolute* humidity of hot air will abstract moisture from our bodies pro-

portionate in amount to the degree of *relative* humidity in which our bodies live.

7. Relative humidity measures the moisture-absorbing powers of the air, is an expression of our surrounding atmospheric relations, and is modified by, and gives us a working notion of, the direction of the winds, and at times of the amount of sunshine. It represents conditions that are necessary to health and essentially local in their nature. It is, therefore, of great value to the physician.

8. The best single datum to be used with the temperature is the *dew point*, since, in combination with the temperature, it will enable us to determine both the absolute and the relative humidity. Definitely given also the amount of sunshine or of cloud, we can form a fair idea of the hygienic value of a given locality to health.

9. Condensed moisture has a great influence upon health. In some of its phases it is equally as important as humidity (aqueous vapor). When in the form of mists, exhalations, and fogs, it has, unfortunately, often been confounded with humidity.

10. The chief atmospheric conditions modifying health, and therefore causing disease, are sudden and violent daily ranges in temperature, and, secondarily, in relative humidity.

11. The barometer is an important but too frequently neglected instrument. A single observation of it gives us nothing that is of true value until it is compared with preceding and succeeding inspections. The barometer should then be in a physician's office for daily use, and not for mere display.

12. We know, beyond doubt, the influence which certain low and wet localities exert upon health, but we do not understand completely the *why* of this influence, so that we are not yet able to formulate with precision the general law under which our empirical observation is a particular instance.

13. I venture the prediction that when in future years our knowledge of the electricity of the atmosphere is more completely studied, we shall find in that mysterious force some solution of

this problem. But I spin no gauzy theories upon the subject.

ANTISEPTICS AND ANÆSTHETICS AT BERLIN.

It was evident on all sides at the Berlin Congress that antiseptic, or rather aseptic, surgery is held in the very highest repute in that city. A glance at the operating theatre of any hospital—such as that of the Moabit, in which Professor Sonnenberg has charge of the surgical wards—was further sufficient to show the extreme care taken and the lavish expenditure that had been incurred so as to render all wounds perfectly aseptic. The surgical instruments are all kept in cupboards constructed solely of glass and iron, and consequently are perfectly washable throughout; the scalpels are all entirely composed of one piece of metal, a method that renders it impossible for dust or dirt to collect between the blade and handle; the operation table is constructed of one slab of light green glass about an inch thick, placed upon an iron frame, and running upon wheels with india-rubber tyres; and in offices adjoining the theatre are ovens for the sterilization by means of dry or moist heat of everything (bandages, cotton wool, and dressings of all kinds) to be applied to wounds, or for use during the surgical operation. The surgeon exhibited the dress worn by him during operations, which included even goshes. In Professor von Bergmann's clinic, too, in the Ziegelstrasse, similarly minute precautions are constantly observed. But in spite of the efforts to excel by this extreme attention to the details of antiseptic surgery that were everywhere observable, it was somewhat disappointing to learn that chloroform is still constantly employed for the production of general anæsthesia during surgical procedures, not only in Berlin, but throughout Germany. Possibly Dr. Horatio Wood's powerful address in favor of ether may direct attention to the compounds such as ether and the A. C. E. mixture, which anæsthetists in this country and America generally recognize as less liable to en-

danger life than chloroform. We are informed that Mr. G. Eastes took to Berlin one of Mayer and Meltzer's latest patterns of Clover's apparatus for the combined administration of nitrous oxide gas and ether; but he was unable to find an opportunity of demonstrating its use, as the Berlin surgeons at the large hospital to which he was referred performed no capital operations during the session of the Congress, being too busily employed in other ways.

—*British Med. Journal.*

A TWO HUNDRED THOUSAND DOLLAR LIBEL SUIT.

Suit has been entered by William Radam, manufacturer of Radam's Microbe Killer, against the *Druggists Circular*, of New York, for \$200,000 damages, the largest amount so far as heard from that was ever asked for in a libel suit of this kind.

The pleadings show that the action is brought to recover damages claimed to have been done the business of the plaintiff by an article published in the *Druggists Circular* for September, 1889. This article gave the result of an analysis of the Microbe Killer made by Dr. R. G. Eccles, a prominent chemist of Brooklyn, who stated that an identical preparation could be made by the following formula:

Oil of vitriol (impure)	4 drams.
Muriatic acid (impure)	1 dram.
Red wine, about	1 ounce.
Well or spring water	1 "lon.

This mixture, it was alleged, could be made at a cost of less than five cents per gallon, for which Radam charged three dollars.

It was further alleged that while when properly used sulphuric acid, the principal constituent of the Microbe Killer, was a valuable medicine, it was, when taken without due caution or advice, a slow but certain cumulative poison; and the theories advanced by Radam, as to the causes of diseases and the proper method of treatment, were alleged to be totally erroneous. Col. Robert G. Ingersoll, the famous lecturer, is the counsel for the plaintiff.

The *Druggists Circular*, which is

published at 72 William street, New York, expresses a desire to hear of any case in which unfavorable results have followed the administration of the Microbe Killer or of any other fact that would be interesting under the circumstances. They claim to have published this analysis without malice and with the sole intention of protecting the public from the loss of their health and money by the use of a dangerous nostrum.—*Druggists Circular.*

WORKING HOURS ABROAD.

A Turkish working day lasts from sunrise to sunset, with certain intervals for refreshment and repose. In Montenegro the day laborer begins work between 5 and 6 in the morning, knocks off at 8 for half an hour, works on till noon, rests until 2, and then labors on until sunset. This is in summer. In winter he commences work at 7:30 or 8, rests from 12 to 1, and works uninterruptedly from that time to sunset. The rules respecting skilled labor are theoretically the same, but considerable laxity prevails in practice. In Servia the principle of individual convenience rules in every case.

In Portugal, from sunrise to sunset is the usual length of the working day. With field laborers and workmen in the building trade the summer working day begins at 4:30 or 5 in the morning, and ends at 7 in the evening, two or three hours' rest being taken in the middle of the day. In winter the hours are from 7:30 to 5, with a shorter interval of repose. In manufactories the rule is twelve hours in summer and ten in winter, with one and a half hours allowed for meals.

Eleven hours is the average day's labor in Belgium, but brewers' men work from ten to seventeen hours; brickmakers, sixteen; the cabinet-makers of Brussels and Ghent are often at work seventeen hours a day; tramway drivers are on duty from fifteen to seventeen hours, with one and a half hours off at noon; railway guards sometimes know what it is to work nineteen and a half hours at a stretch; and in the mining districts women are often

kept at truck-loading and similar heavy labor for thirteen or fourteen hours.

The normal work-day throughout Saxony is thirteen hours, with two hours' allowance for meal-taking. In Baden the medium duration of labor is from ten to twelve hours; but in some cases it far exceeds this, often rising to fifteen hours in stoneware and china works and cotton-mills; in saw-mills to seventeen hours; while the workers in the sugar refineries, where the shift system is in vogue, work for twenty-four hours, and then have twenty-four hours free, and in too many of the Baden factories Sunday work is the rule.

In Russian industrial establishments the difference in the working hours is something extraordinary, varying from six to twenty. It is remarkable that these great divergences occur in the same branches of industry, within the same inspector's district, and among establishments whose produce realizes the same market price.

—*Chambers' Journal*.

PLANTS IN SLEEPING ROOMS.

There is a popular belief that cut flowers and plants in living or sleeping rooms are apt to be injurious, owing to the continuous exhalation of carbonic acid gas from them. As regards living and growing plants there is but little foundation for the popular superstition. A writer in *Amateur Gardening* has recently shown that the air of a closed greenhouse, where more than 6,000 plants were growing, exhibited only 4.03 parts of carbonic acid per 10,000, this being the average of three experiments made early on three different mornings after the greenhouse had been closed for more than twelve hours. There was usually a slightly larger quantity of CO₂ gas present in the air by night than by day, but the excess by night was not more than 0.36 per 10,000. Judging, then, of the impurity of the air by its contained CO₂, the vitiation by means of growing plants, even at night, may be regarded as a *quantité négligeable*; and of course the few plants usually found in ordinary

sleeping rooms would produce an infinitely less effect than the hundreds in a closed greenhouse. Whether cut flowers have a greater effect in producing carbonic acid than living or pot plants, the magazine writer does not tell us, but it is reasonable to suppose that some of the injurious influence attributed to flowers exhaling heavy or sweet perfumes in sleeping or sick rooms is really due to the concealment by these perfumes of the accumulated offensive products of respiration or transpiration, which leads those who are exposed to their influence, or the attendants on the sick, to believe that the atmosphere of such rooms is fresh and wholesome, and, therefore, to neglect the usual methods of ventilation.

MALARIAL FEVER AND EUCALYPTUS DRAINAGE.

The planting of eucalyptus trees for the purpose of draining the soil in malarial districts is one which has met with some success. The Trefontane Convent at Rome had become positively uninhabitable, owing to the malaria which attacked—in many instances with fatal results—its inmates. Senator Torelli presented a bill proposing that the estate annexed to the convent should be planted with eucalyptus as an experiment against malaria. The bill was passed, and the Trappist monks planted thousands of eucalyptus plants of all species on the estate. But still the malaria raged, and several monks suffered severely. It was, however, remarked that it was only the monks who had their cells looking on the central cloister who fell victims to the malaria. This suggested the idea of planting four eucalyptus trees at the four corners of the cloister. The plants, sheltered from the winds, soon grew to a great height. The immediate result was the complete draining of the soil in the cloister, and the disappearance of malarial fever from the convent.—*British Med. Journal*.

For superficial burns, Mr. C. Heath, of London, recommends a mixture of two parts of castor oil and one part of collodion.

Bibliography.

RAILROAD SURGERY: A Practical Work on the Special Department of Railway Surgery, for Railway Surgeons, and Practitioners in the General Practice of Surgery.

By C. B. STEMAN, A.M., M.D., LL.D.
With numerous illustrations. St. Louis: J. H. Chambers & Co., 1890.

This volume, which is the outcome of the special department of surgery, treats entirely of those accidents and injuries which a railroad surgeon is liable at any moment to meet. It is divided into eighteen chapters; one of which is entirely devoted to the subject of color blindness. Taken altogether, it is a work which every physician, who is liable to be called in emergencies, ought to possess.

L. J. K.

SCHEME OF THE ANTISEPTIC METHOD OF WOUND TREATMENT.

By DR. ALBERT HOFFA. Translated from the German by AUG. SCHACHNER, M.D., Ph.G. Louisville, Ky.: The Bradley & Gilbert Co., 1890.

This chart is a brief resumé of the various substances used as antiseptics. It gives brief details of how to perform aseptic as well as antiseptic operations. In fact, it is an encyclopedia in miniature for antiseptic operations; and one that the busy practitioner can hurriedly consult.

L. J. K.

SPECIALISTS IN AUSTRIA.

It is stated that the Austrian Government will shortly issue an order for the regulation of special medical practice. No medical man is henceforth to be recognized as a specialist in any particular branch of practice who cannot give proof of having specially studied the disease to the treatment of which he proposes to devote himself.

It is stated that of the one hundred and twenty-two deaths reported as resulting from surgical operations in New York City, thirty-three were credited to laparotomy. Some danger attaches to this operation yet.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

AN ESSAY ON FEMALE BREASTS.—

From a plastic point of view, the breasts have a certain importance. Jean Jacque Rousseau remarks that a young woman without a good throat is a half developed boy. "Well proportioned," wrote Dionis, "the breasts are woman's principal ornaments, particularly when accompanied by a well rounded throat, and covered with fine white skin. The breasts should be rounded and slightly separated; the nipples should be light vermillion, and not too large; neither too near the axillary side of the body. The breasts to be graceful, should never hang or be pendulous; they should be hard, and flush in union with the cheek at the approach of love."

Breasts have always been considered as one of the principal attributes of feminine beauty; this is why the majority of women allow their bosoms to be seen rather than merely outlined.

Saint Chrysostom was the first man to inveigh bitterly against women going low-necked and bare-armed; but he had no success in changing the fashion of all time.

The Spanish women always care less about hiding their chest than their feet, and the latter are always beautifully small in that race of women. In France, the low-necked dress dates back to Isabella of Bavaria, Queen of Charles VI. Diana de Poitiers, mistress of Henry II, went naked to her waist in true barbaric style. No French sovereign disdained the sight of beautiful shoulders and rounded bosoms.

Louis XV. said to the Marquis de la Fare, that a true gentleman always looked at a woman's throat first.

Louis XVIII. used the breasts of Madam de Cayle for a unique purpose; he kept his tobacco pouch there to keep it moist.

Louis XIII was the only French king opposed to low-necked dresses; he could not abide what he considered an extreme vulgarity. One day he sent for forceps to take a letter from Mademoiselle de la Fayette's corsets. On another occasion, at a state dinner party, a young lady appeared bare-armed and low-necked; the king asked for his hat, and, placing it in front of his eyes, threw a goblet of wine all over the woman's bosom, so indignant was he at her immodest condition. The young woman left the table and fainted from sheer mortification. French kings from that day have never repeated this ungentlemanly act.

REMEDY FOR STERILITY.—Dr. Gritian, of Lyons, knowing the intimate connection existing between the uterus and the larynx, always told us in his lectures: "If ever you meet a woman complaining of infecundity, tell her to sing at the top of her voice during the copulative act, or the *actus conjug.*; it is the best method of promoting concep-

tion." I gave this advice on two occasions to friends, and it proved a success, although one of them had a pair of twins. She told me, *after that experience she kept her mouth shut.*

NOTHING LIKE FAITH IN MEDICINE.—A typhoid fever patient had had the thermometer applied to him several times a day during his illness, but, at the commencement of convalescence, the use of the thermometer was discontinued. The patient complained of this, saying: "I never had a remedy that did me so much good as that glass when placed under my arm."

QUI PRO QUO—Doctor X. dined every day at the Café R. One noon he arrived at the restaurant and the waiter rose from his chair as if in great pain. "Have you hemorrhoids?" demanded the physician. "I do not know," replied the waiter, "I will go and ask the cook if he has any."

[TO BE CONTINUED.]

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Original Articles.

CONSUMPTION A CONTAGIOUS DISEASE.

BY

FRED. TREON, M.D.,

Agency Physician,

CROW CREEK, SOUTH DAKOTA.

It does not, perhaps, appear on first thought that consumption is a contagious disease, but from personal experience I regard it as infectious, possibly not in the same sense as scarlet fever, and yet we know that all contagious diseases are not in the same degree infectious. I wish authorities would differentiate between the words contagion and infection. It might help us in making a nice distinction.

I regard consumption and syphilis as strikingly alike; both are transmissible and infectious. It was believed by Riverius as early as 1668 that consumption was contagious, and ever since that time eminent men have held to that view, and experimentors and those who have made a study of the disease have been dying with the malady; among them such men as Boyle, Young, Laennec, and others. A military officer recently advised me to give up the study of consumption. He cited the case of a young physician who contracted tuberculosis while making experiments among the Indians of Mexico.

How like a startling revelation that wonderful production of Dr. J. T. Whittaker, "The Contagion of Consumption," reads! Written fully ten years ago, before the discovery of Koch's bacillus was made known to the world, he calls attention to the principal conclusions reached by Dr. Budd, the great

clinician, written now nearly a quarter of a century ago in the *London Lancet*, which I beg to reproduce:

"First—That tubercle is a true zymotic disease of specific nature, in the same sense as typhoid fever, scarlet fever, typhus, syphilis, etc., are.

"Second—That, like these diseases, tubercle never originated spontaneously, but is perpetuated solely by the law of continuous succession.

"Third — That the tuberculous matter itself is (or includes the specific morbid matter of the disease), and constitutes the material by which phthisis is propagated from one person to another, and disseminated through society.

"Fourth—That the deposits of this matter are therefore of the nature of an eruption, and bears the same relation to the disease, phthisis, as the yellow matter (the stools), for instance, of typhoid fever.

"Fifth—That by the destruction of this matter on its issue from the body by means of proper chemicals, or otherwise, seconded by good sanitary conditions, there is reason to hope that we may eventually, and possibly at no very distant time, rid ourselves entirely of this fatal scourge."

Whittaker, in speaking of syphilis and phthisis, says: "While it is true, therefore, of both diseases, that they may be inherited, that is, that both syphilis and tuberculosis may affect the ova and spermatozooids, as well as every other organ and tissue of the body, it is also true of both diseases that they are in the vast majority of cases not inherited, but acquired. A thorough sifting of the case will show this statement to be as notoriously true of tuberculosis as of syphilis. So soon as the inoculability of tuberculosis is established, the

fact is also established that the disease is acquired oftener than inherited."

I agree with the Professor in this statement and desire to say in this connection that it is not my intention to discuss in this article the very fine point as to whether or not syphilis may produce a form of consumption similar in many respects to tubercular phthisis. I gave my views on that subject a year ago in my article "Consumption among the Sioux." Whatever may have been the original cause of Indian consumption, I am now convinced by experience that the disease is not alone transmissible from parent to offspring, but it is also infectious. It is to the contagious nature of the disease I propose to confine myself as nearly as possible in this article. It may be well for me to explain here that I am prompted to write this after reading an address, recently published, of Dr. Mays of Philadelphia, in which the Professor, it appears to me, sets himself at variance with many of the ablest authorities in the land. While there are always two sides to an argument, the subject of contagion is of two serious a nature to be treated lightly. When the results of the laboratory, as demonstrated by Pasteur, Koch and others, and the observations of practice and research of such men as Boyle, Young, Laennec, Riverius, Conheim, Villemin, Budd, Whittaker and others, are set at naught, when an apparent humane act is condemned, and the precautionary measures instituted against the spread of a disease, contagious or not, are denounced, I feel that no apology is necessary for an attempt to add my experience to that of so many of my fellow practitioners against what I am convinced is a fallacy.

Dr. Mays says: "*The relation between artificial inoculation and pulmonary consumption* must be approached from two sides: First, from the experimental or laboratory side, and second, from the clinical side." He admits that Villemin in 1865 by experiments on rabbits, and Koch in 1882 by demonstrating that a specific micro-organism—the tubercular bacillus—is associated with the tubercular virus, have settled from the experimental or labora-

tory side conclusively that tuberculosis is transmissible from man to animals through inoculation.

In referring to the health authorities of the State of Pennsylvania, and a circular recently published by them, he says: "By common consent it must be admitted that this is a serious matter; for if this belief is correct, these officers are discharging a most sacred and responsible duty, in which they should receive the encouragement of every loyal citizen."

What evidence does Dr. Mays deduce from clinical medicine favoring the non-contagiousness of tuberculosis? He is contented with confining himself to certain statistics, which he must admit are never very reliable; and to certain statements concerning the freedom of physicians and nurses from the disease in certain well-regulated hospitals for this trouble; among them the Brompton Hospital for Consumptives in London. Ten years ago this fact was laid claim to by Drs. Cotton and Edwards, of that institution, from the fact that but one nurse and one servant died of phthisis in a period of twenty-one years, Dr. Cotton going so far as to say that "a residence in the consumption hospital and long continued working in its wards, is a very good way, indeed, not to catch the disease." Dr. Whittaker answered this statement by saying: "It must be remembered, however, that few institutions were in such perfect sanitation, especially, as regards ventilation, as Brompton Hospital." "Anyhow," he continues, "the statement does not count for much else than to show how close an association is necessary to contract the disease."

And is this not also an evidence that certain sanitary precautions are necessary to prevent the spread of the disease? I doubt not that receptacles for the sputa in that institution are always carefully cleansed and disinfected. Poor ventilation is, I am sure, conducive to the growth and spread of tubercular virus.

Take the statement of Liebermeister. He says that up to the year 1865 he had never seen in the hospitals which he visited, a single hospital patient, phy-

sician, or nurse attacked with typhoid fever; although such cases are placed in the general wards. A quotation from Murchison is that "Living a period of fourteen and one-half years in the London Fever Hospital, 2506 patients were treated with typhoid fever, and during that time only eight cases originated in the hospital."

Nearly twenty years ago a cousin of mine, who was clerk in a dry goods store, contracted acute pulmonary tuberculosis; there is no history of consumption in the family, the father dying recently at the advanced age of seventy-four, while the mother is still living in good health. My cousin was nursed by three of his sisters; in about a year from the date of the attack he died, and inside of three years the sisters, one after the other, succumbed to the same disease; died of what shall we call it, hereditary consumption or contagious tuberculosis?

While practicing in a town in Indiana, I treated with Dr. L., a man for what was diagnosed hereditary consumption, who died. The wife, a healthy looking woman with a good history, nursed him during his illness, sleeping in the same bed. In a very short time she fell a victim to the disease and died.

Last fall I was called to see Mrs. Lone Bull, an Indian, who had had a hemorrhage from the lungs; examination revealed well marked pulmonary tuberculosis. About Christmas I visited Lone Bull's family and found them living in a cabin with but a single room, which admitted of little, if any ventilation. There was living, and had been for some time, the family of Grey Haired Bear in the same room, also a young man Lucke Low Buck and his sister. I advised the urgent necessity of their finding different quarters, but my counsel was not heeded. In January, Mrs. L. B., was confined, giving birth to a child that soon developed and succumbed to tubercular meningitis. I feel convinced that the child received the infection through the mammary glands of the mother, who was by that time in the last stages of consumption. Mrs. Grey Haired Bear had hemorrhages,

and began to waste away. Lone Bull's daughter, eight years of age, developed tuberculosis, and is having hemorrhages. Low Buck's sister, six years old, died with the same disease. Grey Haired Bear's son of four, broke down and died of consumption. His second son, æt. two, had whooping cough, which was followed by *tabes mesenterica*, and resulted in death. Mrs. G. H. B. died in April, Mrs. L. B. in May; Low Buck is still alive, but very ill. Lone Bull and Grey Haired Bear both have pulmonary tuberculosis. The cat belonging to these unfortunate people was constantly on the floor, and lapped the sputa expectorated by them; soon it sickened, wheezed, coughed, became emaciated, and died. Could the contagion of smallpox or scarlet fever be more certain in their results?

Again, take the case of Little Rabbit, who lived with his wife's family in a very small, characteristic log cabin. Last January he died from consumption; now his wife has well-marked dullness over apex at both lungs, while her brother has recently died from hemorrhages of the lungs.

The above references are only illustrations of what we see around us daily where the mortality from this disease in a single year has reached the enormous disproportion of 63 per cent. of all the deaths occurring in a band of Sioux, numbering about one thousand in all. There are on this reservation a little over three hundred families, and I do not know of a single family that has not lost one or more from consumption, while others are continually breaking down.

Dr. Graham, in writing of the Sioux on this same subject, says: "A mother under observation has resulting cicatrices from former scrofulous glands. Dullness on percussion was found over apex of right lung, with history of hemorrhage. The oldest daughter, aged fourteen, had cheesy and ulcerating glands of the neck, and kyphosis, and has since lately died of acute miliary tuberculosis of the lungs. The second child, a girl eleven years old, in a rigid physical examination, failed to show a departure from health, was stricken with tubercu-

lar meningitis, and died. A baby girl, aged two years, succumbed to tabes mesenterica. A sister and the father of the aforesaid mother died of consumption; measles prepared the way for consumption in one and scrofula in two immediate relatives. The husband, without a history of violence or disease of the parts, was attacked with orchitis, which resisted treatment and was diagnosed tubercular testicle."

I call attention to a quotation, in a very interesting paper, "Consumption, is it a Contagious Disease?" etc., read by Dr. Cogshall, before the State Sanitary Convention at Battle Creek, Michigan, in 1881, from a German journal, being in favor of the communicability of the disease: "The only two midwives practicing at Neurenberg, a healthy little town of one thousand three hundred inhabitants in 1875, were R. and S. The woman S. was undoubtedly the subject of phthisis, with abundant puriform expectoration. In the first case described, Dr. Reich extracted the child by turning. While his attention was engaged with the mother, he noticed that owing to some difficulty in the child's breathing, the nurse, S., sucked the mucus from the infant's mouth, and also endeavored to promote respiration by blowing into its mouth. For the first three weeks the child progressed well, but then its health failed, and within three months of its birth died of well-marked tubercular meningitis, initiated by symptoms of bronchial catarrh. In May and June following, two more children died of the same disease. These three cases had been attended by the nurse S. Dr. R.'s attention being thus attracted, he found on investigation that between the 4th of April, 1875, and the 10th of May, 1876, seven children, in addition to the above three, had died (all within the first year) of tubercular meningitis, although in no case was there any history of hereditary tuberculosis; that all of these cases had been attended by nurse S., while of all the cases attended by the midwife R., not one had died of this disease. The midwife S., herself, died of phthisis in July, 1876. It was ascertained that S. had been frequently in the habit of sucking

mucus from the mouths of infants, and also of kissing and caressing them."

Let me briefly sum up the customs and habits of these people favoring the contagion of tubercule: As a rule they live in log houses that have but a single room; these cabins are poorly ventilated and badly lighted, with dirty floors. The roof is made by putting on poles and covering them with dirt, while every crevice or crack that would admit fresh air is tightly plastered. Men, women, children, and dogs crowd into these small places, and cook, eat, and sleep in them. In the winter they are kept at a temperature that is positively suffocating. Beef is suspended on poles in the rooms; the beds are filthy with dirt and vermin. The people expectorate on these ground floors, the high temperature soon dries and develops the bacilli, and they float by myriads in the very air these poor ignorant people force themselves to inhale; and that is not all, these germs settle upon the beef, and they enter the stomachs of these men, women, and children every time they partake of food. It will be seen at a glance that these houses are simply hot-beds for the development of the germs of this disease.

If dogs that are fed on the sputa from consumptives, or are forced to inhale it, contract the disease, and Dr. Mays admits that much, is it not reasonable to suppose that when human beings are placed under similar or more favorable circumstances, that they will as readily take on the contagion of the disease?

It will be seen that among these people we have everything favoring the contagious spread of consumption, and, as before stated, the result of the deadly poison is not lacking when we consider the heavy mortality mentioned in another place. There is still another method of contracting the disease, their diet is coarse and badly prepared, they eat great quantities of raw meat. At the slaughter they devour with greed the warm tallow and entrails of the cattle. This, however, thanks to Gen'l. Morgan, Commissioner of Indian Affairs, is now to be corrected by a recent order to Indian agents, instructing them

to have the slaughtering done in a decent and orderly way, and prohibiting the people from having the entrails. The order also forbids women and children attending the slaughter, a most excellent idea. Now if some restriction can be made upon contractors against putting in diseased animals, we could soon hope for some improvement in the Indian's physical condition.

Is there anything in this climate favoring consumption, is a question I am frequently asked. We live at a very high elevation, the temperature is good, the atmosphere dry and bracing; in short we have a most excellent climate. It is resorted to by consumptives, who, when they come here, find they are soon benefited; this is an evidence of how close a contact is necessary to take the disease.

I am convinced that the Indians by their ignorance are settling conclusively the contagiousness of consumption, and my experience here, in which the death-rate from this disease has been 115 in four years, and a close observation of their habits of life with a study of the disease at the bedside, is the evidence upon which I now base my belief that consumption is oftener acquired than it is inherited. I cannot understand why it is any worse to let a consumptive know that he has a contagious disease and compel him to be careful, than it is to quarantine a smallpox patient, or put out a danger flag for diphtheria.

Dr. Budd, that great clinician, believed that the specific infective virus of consumption was contained in the sputum, and it remained for that remarkable experimenter, Koch, fifteen years later to establish the correctness of this belief, when he made known to the world his wonderful discovery of the micro-organism, the bacillus of tubercle. Experimenters and clinicians received in this an impetus heretofore unknown. They found that the sputum when dried yielded up the contagious germs of the disease; in the laboratory they were able to cultivate the bacilli, and after propagating them to a certain stage, they were able to reproduce the disease by injecting the fluid containing the germs into the eye of the rabbit or

guinea-pig, and when dogs were exposed to the sputa under favorable circumstances they contracted, and died from, tuberculosis.

Recently Cornet has made some interesting experiments, in which he finds myriads of bacilli in specimens of sputum from tubercular subjects, and he claims that the bacillus is not exhaled, but expectorated. In the case of Little Rabbit, mentioned in another place, a specimen of sputa examined under an immersion lens showed it to be charged with a great number of the small rod-shaped organisms first recognized by Koch.

Cornet says that tubercle bacilli, if floating in the atmosphere, always have their origin in tubercular sputum, which, having been deposited somewhere, had, after thorough evaporation of the liquid constituent, allowed some of its corpuscular elements to be carried away by atmospheric motion.

This being true it is self-evident that in order to prevent the contagious spread of tuberculosis it is necessary to destroy at once the sputum from consumptives before it has had time to dry, and every state in the Union should see that health officers use every precaution to put into execution some such regulations as those advised by the Health Board of Pennsylvania.

I am convinced that the laboratory or experimental side has settled (1) that consumption is a germ disease, due to a certain bacillus; (2) that these bacilli are found principally in the sputum; (3) that under certain favorable conditions they can be cultivated; (4) that when the bacilli are injected into the mucous membrane of the eye of certain animals they sicken and die of tuberculosis, and (5) that dogs that were confined and fed on the sputa, or were forced to inhale air charged with tubercle-bacilli, contracted the disease.

From the clinical side, observations on an Indian Reserve, I find (1) the Sioux are now in a semi-civilized state, living in houses that favor the growth of the tubercle-bacilli; (2) that they continually breathe a vitiated atmosphere, which, from their own carelessness, in expectorating on the ground

floor, is loaded with the germs of the disease; (3) that they eat raw meat and entrails of diseased animals, and dried meat that has been exposed to an atmosphere that is loaded with tubercle-bacilli; (4) that like dogs that are exposed to an atmosphere of that kind they contract the disease, and (5) that the disease is oftener acquired than inherited, and that the death-rate from this malady is increasing from year to year.

I have no doubt that if the well-regulated Brompton Hospital was located here, and these people could be brought under its excellent sanitary influence, the mortality from consumption would, in a short time, fall a noticeable degree; but so long as their habits remain so filthy, and they live in such miserable huts, breathe such vitiated air, and eat such unappetizing and unwholesome food, the growth and development of tuberculosis is insured, and the contagious spread of the disease inevitable.

Dr. Mays' assertion that Koch's discovery of the tubercular bacillus had not resulted in any benefit, etc., is hardly uttered, before we are advised by Dr. Eric E. Sattler of the announcement made by that to-day world-honored experimenter, Robert Koch, at the International Medical Congress, in session at Berlin, that "After many fruitless efforts, however, *he at last found substances which not only retarded the development of the bacilli in the test-tube, but also arrested the growth of the bacilli in the animal tissues themselves. Guinea-pigs under the influence of these substances, could no longer be inoculated with tubercular virus successfully, and those that had already acquired tuberculosis in a marked degree were improved, and the diseased tubercular process brought to a complete standstill, without in the least impairing the rest of the body.*"

TO REMOVE THIRST.

Paint the tongues of your fever patients with glycerin, it will remove the sensation of thirst and discomfort felt when the organ is dry and foul.

THE FALSE TERM "TYPHO-MALARIA."

BY

B. P. HALL, M.D..

RICHWOOD, O.

It so happened I have communicated with a number of physicians in Ohio, and thereby learned that "typho-malaria fever is quite prevalent, but little or no typhoid." Inasmuch as there is a goodly number of the medical profession that *yet* believe that typho-malaria is a specific disease and entitled to be designated and so recognized as such, and for others that use the term for convenience, or want of something better, I am constrained to report the fact concisely in the LANCET-CLINIC.

The term *typho-malaria* fever, being a misnomer, ought not to stand before the medical profession uncorrected. It is a term medical science never claimed or established. Not that it has or should be a matter of the past, that it does not require a place as a recognized disease, but that science must eventually prevail, and that pathological and histological investigations have found no reasons for basing such a diagnosis, and no such disease to exist *per se*. *Apriori* I should state I shall not deal with the differential diagnosis, but only that the term in use is contrary to the science of medicine. If it had been employed (when such was the condition), and professionally, as well as publically understood that the term indicated typhoid fever with malarial elements intermingled; or if not, this an exaggerated case of pure malaria fever of such a type as to afflict the body so severely that it inculcates and resembles a typhoid condition, the digression would not have been so absurd, nor the nosological error would not have been so unscientific or the term become so generally fixed; but most emphatically not typhoid fever, for the lesions characteristic of the latter were not present.

It is the wrong interpretation that is still leading practitioners in malarial districts to perplex their diagnosis and suppose that it is a distinct disease and different in morbid anatomy from either

typhoid or malaria fever. It is observed that when the typhoid symptoms begin to predominate they then assume that it is becoming converted into typhoid fever, which is another impossibility.

The expression, typho-malaria fever, is, therefore, inaccurate, and it is desirable that the term be eliminated from medical literature, at least if still construed to mean a separate disease. The deviation would not have been so generally established, but in reality the profession understood it to be an individual disease, and to embrace the pathological appearances specially belonging to the supposed affection. The author of the term so indicated, at the time, that the name was intended to be expressive of the morbid conditions present. The knowledge of pathological characters of different diseases being somewhat limited then, we kindly and with gratification overlook the expression. But thanks to scientists, our pathological perceptions have advanced far beyond the conditions of that epoch, and much improvement, particularly in nomenclature, has substantially been made.

It is not the able and distinguished Dr. Woodward that should be animadverted, but the present medical profession, for perpetuating the term. Dr. Woodward's opinion was without question hoodwinked by the combined results of malaria, crowd poison and scorbutive taint, during our late rebellion in 1863. The present physician using terms expressive of this character, has but to make a little more than a casual medical examination, and he will usually observe enough objective, subjective and physical symptoms to distinguish the typhoid from the malarial varieties, or to diagnose the malaria blended with typhoid fever. If he can not be thusly converted, permit him to witness the prominent autopsic phenomena produced by one of his celebrated, typical cases of typho-malaria fever, and surely his chronic afflicted sophistry of diagnosis will vanish from his classification of zymotic diseases, and be as a phantom in his days of yore.

There may be extrinsic and intrinsic causes that will modify the

severity of either the malaria or typhoid fever, but not the diagnosis. If those that credit the name will but think that the typhoid bacilli *could not* by its behavior with the malarial miasm produce a chemical change on one or the other, sufficient for the growth and production of a new-fangled disease—hence, the believers in the term can readily see that the construction of the term typho-malaria expresses nothing and means, nothing as usually understood, and must be condemned and not handed down to our successors.

Suffice to state, Dr. Woodward saw his mistake, and in a paper read before the International Medical Congress at Philadelphia, acknowledged that he had been misled and that such a disease *did not exist*.

Nor is this confined to malaria alone, for no discrepancy more commonly abounds in speculative and theoretical diagnosis, when encountering the manifold and varying features of disease, than to misconstrue into typhoid fever a typhoid condition, produced by other analogical symptoms in the system. We may observe the supervention of this condition in many different bodily ailments, both acute and chronic. Usually this occurs in extreme prostration from a purulent infection, pulmonary affections, dysentery, surgical fever, meningitis, peritoneal inflammations, and many other latent maladies may be masked by this typhoid phenomena superadded. But it must be remembered that this does not involve the essential fever designated as typhoid, but only a very low state of the vital powers.

DR. EPHRAIM CUTTER and John A. Cutter published an abstract of a paper showing the importance of alimentation in wasting diseases. They hold that, first and last, consumption is a food disease, and must be treated, if treated successfully, from this standpoint. They claim 40 per cent of permanent arrest, and only twenty-one non-arrests. Out of one hundred cases only nine were not improved by the treatment.—*Med. Bulletin*, June 1890.

Selections.

THE TUBERCULOSIS QUESTION AT THE TENTH INTERNATIONAL MEDICAL CONGRESS.

A discussion of this most important question, one of life and death to a large part of the human race, did not fail to take place. In addition to the first general sitting in which Prof. R. Koch intimated that a means had been discovered of rendering guinea pigs proof against the tubercle bacillus, many of the sections were engaged in the discussion of parts of the same subject. The sections of Pathology, Medicine, Surgery, Laryngology, and Hygiene, were all engaged in this, perhaps the greatest of topics.

In regard to the pathogeny of the disease, Prof. Ponfick, of Breslau, declared that tuberculosis, always developing from an exogenous bacillus, was primarily a local affection. Its first, often hidden, place of abode within the system was always in some part accessible to the outer world, and the parts liable to infection were: first, the air passages; second, the digestive tract; third, the urogenital tract; lastly, the external skin covering. Any infection of any other part of the system must take place by way of the lymph or blood-currents. The transition from local to general tuberculosis was sometimes gradual, marked by deposits and tubercular eruptions on the inner surface of the milk ducts, sometimes more abruptly from direct invasion of the virus into the blood-courses.

Bang (Copenhagen), discussed the question whether the milk of tuberculous cows was virulent, when the udder was not the seat of disease. Independent of direct infection from associating with tuberculous individuals, was that of the flesh and milk of tuberculous animals. Milk from an udder the seat of tuberculous deposit was undoubtedly infectious, but whether it was so if the udder was healthy was a matter of much diversity of opinion. The speaker had inoculated forty guinea pigs with milk from twenty tuberculous cows, whose

udders were, however, apparently free from the disease. Tuberculosis was set up in three only. This experimentally ascertained fact was supported by the observation of many physicians that children were often fed without injury on milk from cows that afterward turned out tuberculous. Danger was always present, however, especially if the milk was given uncooked. It might be taken for granted then that such milk was suspicious, that it should not be given without previous cooking, and that mixed milk, so-called "Sammelmilch" was better than that from one cow. The same was to be said of butter and cheese. The flesh of tuberculous animals was less dangerous, but caution should be exercised, as recent investigations had shown that tubercle bacilli were not destroyed by smoking or pickling.

Dr. Cornet (Reichenhall) who spoke in the section of Hygiene characterized the tubercle question as an international one. The practical consequences of the discovery of the microbe of the disease had not come up to expectation. In Europe, about 3,000 people still died every day from pulmonary tuberculosis. Even if animals were inoculated with the disease, it first showed itself in the lungs. It was certainly not hereditary, properly speaking. Of the immense number of new-born children and animals that had been examined for tubercle, it had only been found in one or two cases. Tubercle was, in fact, generally a disease of later years. If it happened that the children of tuberculous parents suffered more frequently from the disease than others, it was for the reason that they were more exposed to contagion, to which might possibly be added an inherited receptiveness in regard to the disease. Where they did not live together, any transmission of the disease from parents to children, was not observable. In an orphan house at Nürnberg, only one child died of tuberculosis during a space of eight years, although the parents of many of the children had died of the disease. In regard to the danger of infection, it only existed where sick people were, and then only when the sputum became dried up. So long as the expectoration

was moist the bacillus could not leave it. The erroneous opinion was also to be opposed, that the breath of tuberculous patients contained the germs of the disease, it was a pure impossibility. The bacillus speedily lost its virulence in the open air, as it was overpowered and destroyed by other bacilli and decomposition germs. It was quite possible that general weakness facilitated the entrance of germs, but many instances were known of strong robust men being attacked whilst weaker ones were spared. The mortality from tubercle in the army was higher than in those of the same ages in the civil classes. These facts gave the foundation for the measures that were to be taken for combatting the disease. First of all patients must have spitting cups with water in, or spitting bottles. Disinfection was then superfluous. Spittoons filled with sand or sawdust were to be avoided. Disinfecting establishments and control of the milk supply were also necessary. The flesh of completely tuberculous animals was not to be sold; if only a single organ was attacked, the remaining parts might be sold, but expressly as of less value. All these rules must be made plain to the whole people and then the aim of Virchow would be attained, that of conquering tuberculosis, as scurvy had already been conquered.

Prof. Sormani (Pavia) then formulated a series of propositions for the international struggle against tuberculosis. According to these, in those towns or localities known as sanatoria, and where large numbers of phthisical people congregated year after year, the hotels and lodging houses should be regularly disinfected by skilled workpeople in the service of the local authority. Suitable disinfection should also take place in railway carriages and steamships. He threw out the question whether phthisical people should not be forbidden to travel by steamship, seeing that near contact with them was unavoidable. The movement of tuberculous cattle should be strictly forbidden, and lastly, supervision of the large workshops and factories should be carried out wherever there was unusual danger of infection.

The treatment of phthisis, especially

in hospitals, was introduced by Dr. Weber, of London. He did not think it impossible that a remedy should be discovered that should prevent the development of germs without injuring the system. The essence of modern treatment was the hygienic-dietetic regulation of the manner of life of the patient. He thought the treatment and cure of phthisis was possible whenever pure air, night and day, suitable food, and moderate graduated exercise were procurable. The crux of treatment lay in the improvement of nutrition and strength of the whole body, and of all the organs, especially, however, the lungs, heart, and blood vessels. He spoke of the great benefits arising from treatment in well-appointed institutions, and mentioned Görbersdorf, Falkenstein, Reibolsgrün, and the Adirondak Cottage Hospital, N. Y. Such institutions should be suitably situated in an atmosphere free from impurity, on southern or south-west declivities, as high as possible above the valley and water level, and near woods, especially pine woods. Abundant opportunity for bodily exercise should be afforded. Walks and seats sheltered from the wind and rain should not be omitted. Suitable treatment was expensive, but the expense was justifiable. The hard lot of these poor creatures was alleviated by it, and not a small portion of them were so far cured that they could return to work. Patients learned in such places the kind of life that was necessary for them, the general hospitals were relieved, the poor patients were no longer a burden at home, and finally came the great advantage, that a limit to a certain extent was put to the spread of the disease, so that the hope might be permitted of diminishing the number of phthisical patients. He finally pleaded for the erection of institutions for the special treatment of such cases, and hoped that private benevolence would come to the support of the State and local authorities in the formation of places of healing for phthisical poor.—*Medical Press and Circular*.

See advertisement of Gardner's syr. hydriodic acid, insert p. viii.

EXCISION OF HEMORRHOIDS.

In an article in the *Annals of Surgery*, May, 1890, Dr. L. S. Pilcher advocates the employment of Whitehead's operation in the treatment of aggravated hemorrhoids. He does not do this indiscriminately, however, but with due regard for the conditions of patient and of surgeon which ought—as in every surgical case—to influence the choice of an operation. Personally he has worked on the lines laid down by Whitehead and has found the various steps of the operation comparatively easy of execution, but taking much more time than the enthusiastic representations of the Manchester surgeon would have led one to expect. Some of this prolongation of the operation is due of course to the natural inexperience of one who is new to the operation; some is due to the aggravated character of the cases with which he has had to do. Most of the time is used in securing hemostasis and to have to apply a ligature to twelve or more arterioles in a case has been his usual experience. There has been no special trouble or difficulty about any part of the work, it has been simply time consuming. He has not tried the deep sutures of Lange nor the buried shoemaker's stitch of Marcy; but thinks he will, in future cases, with a view to their value in controlling bleeding and shortening the time required for the operation.

The results, however, have been all that the more enthusiastic partisan of the operation could have claimed for it. A perfectly healthy outlet to the rectum, as far as the mucous membrane is concerned, has been secured to all his patients. The contractile powers of the sphincters in the worst cases, long weakened by constant distention, has, of course, demanded time for its restoration. In only one case, at the end of a year, is there still some lack of power in the sphincteric grip to wholly control the escape of gas or fluids, but in this case the improvement in the general condition of the parts, and the resulting comfort, is so great that the slight infirmity that still persists is regarded as insignificant.

The certainty, the absoluteness and the perfection of the cure are the points which have struck Dr. Pilcher as most clearly shown in the cases which he reports. The procedure is an ideal one surgically, inasmuch as it combines immediate and radical removal of all diseased tissue, with immediate closure of the wound and subsequent union by first intention. Dr. Pilcher does not think, however, that it can be called an operation easy of performance. He would say that it was an operation not to be lightly undertaken by one not accustomed to delicate operative manipulations, or without the presence of good assistants, good light and appropriate instruments. Doubtless, as in the hands of the eminent surgeon who has introduced the operation, natural manipulative aptitude, extensive general surgical training and the special skill resulting from the repetition of the operation hundreds of times, would reduce the difficulties of this operation to a minimum and render it neither tedious nor bloody.

It is not, however, what the operation would be in the hands of such an operator that is to be considered, but rather what it would be found to be by the operator of average experience and opportunities. Dr. Pilcher's judgment is that, in the hands of the latter operator, the operation in aggravated and extensive piles would be found to often justify the opinion of Kelsey that it is "naturally difficult, tedious and bloody." It ought to be ranked as a major operation. Especially ought it to be ventured upon with caution in the case of patients who are very weak and unfit to be subjected to a prolonged operation, or in whom by reason of renal or pulmonary disease prolonged anæsthesia would be dangerous. The operation is one which appeals much more to the operative bent of the general surgeon than to that of the rectal specialist, and he is not surprised that by the latter class of practitioners it is almost universally condemned. To one, however, who is accustomed to dealing with vascular tissues, to whom the hemostatic forceps and the ligature are ready and frequent servitors, to whom the preservation of

cut surfaces from septic contamination is a thing of easy routine, by whom the coaptation of cut surfaces, subsequent primary union, the avoidance of tissue necrosis and the limitation of suppuration are always eagerly sought for, to such the technical difficulties inherent in the ablation of hemorrhoidal tumors after the method of Whitehead will seem trivial obstacles beside the ideal perfection of the results to be gained. The operation is based on sound surgical principles and it is a valuable and permanent addition to operative surgery. The frequency with which it will be resorted to will depend much on the individual surgeon; it will be more frequently employed by surgeons who are doing much general operative work, and it has qualities that will cause it to be more frequently resorted to, as multiplied experience brings to the operator increased skill.

Dr. Pilcher's paper closes with useful suggestions in regard to the way in which Whitehead's operation should be carried out in order to secure its best results, for which the original paper should be consulted.

—*Med. and Surg. Reporter.*

DR. OSLER says that it is good for every doctor to possess a good solid training in biological science; in fact, he never knew a bad practitioner who had been a good anatomist.

A LADY who has an experience of several years as an attendant in one of the State insane asylums, would like to take charge of a private patient whose friends wish to keep them at home. References given. Address, Miss ANNA B., care of the LANCET-CLINIC.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, September 27, 1890.

The Week.

TRAVELING MEN.

The methods of the commercial world have undergone an entire revolution within the past twenty-five years. Previous to that time the wholesale merchants and manufacturers were content to sit in their offices, and with a sure expectancy, look for the arrival of periodical customers. The rivalry of trade, however, became so great, that the waiting for buyers became too slow a process, and did not bring the customer with sufficient alacrity and certainty, so the demands of the occasion forced the sending of messengers to solicit orders of the customer, and by making inquiry on the ground as to his peculiar needs, provide for his wants. These messengers became known in trade as "drummers" or "commercial tourists," and their numbers so increased, with the channels of trade that opened up to them, until they actually came to possess the land and the fullness thereof.

We well remember the first appearance of these gentlemen at the doors of

physician's offices with their sample products of skilled pharmacists. The members of the medical profession did not, as a rule, look kindly upon the intrusion and innovation, and all of them liked the old way the best, and generally were not slow in telling the drummer something to that effect; and frequent instances were related where very forcible remarks were made. All the same, the drummer stuck to his prey, and by his polite persistence made the doctor, whether he would or not, become the buyer and user of his wares. Impolite extrusion was finally succeeded by a warm and cordial welcome.

The life of travel led by the tourist drummer is an education of no mean sort. The daily contact with new men in new places makes them good observers and judges of character, and as it is preëminently their business to be communicative, they give their hearers many a valuable hint and bit of useful information.

At all important medical society meetings the ubiquitous tourist turns up smiling with his table of samples and little story that always belongs to the business. Here he is particularly welcomed by the country doctor, and to whom he is a special friend. A line of samples are an object lesson that teaches how a pocket-case may be made to do more effectual service than a cumbersome saddle-bag filled with crude drugs. New devices in the way of appliances and instruments are often of more use in a display, than the most erudite paper read during the meeting. The man that knows all about invalid and infant dietetics is always there, and imparts his little story with all the unction of a presiding elder in camp meeting times.

The commercial tourist that visits physicians is, about nine times out of

ten, a doctor himself, and no slouch of a one either. He is more apt than otherwise to be just out of service as a hospital interne, but has'n't money enough to set up shop in the proper style, and goes out on the road to earn it. Others are thorough chemists, and rarely indeed is he a man not up in the lore of medicine in all its departments. Stupidity and ignorance, although enshrouded with brass and bronze, will not stand the test of the road for a month. The commercial tourist is neither an enemy nor a cormorant going about with schemes to devour or impoverish those with whom he comes in contact. On the contrary, he is the one of all others who is ready to cheerfully give something for nothing, and that is what whole hosts of people are trying to obtain. Nay, more, he is both a benefactor and an educator, and the professional standing of his auditor is quite as well known to him as his ability to pay for what he contracts.

These messengers are bearers of glad tidings of the last new discovery in remedial agents and invention of improved instruments, which they exhibit with an accompanying explanation that makes of the interview a first-class object lesson.

There will be a goodly gathering of these gentlemen at the Louisville meeting of the Mississippi Valley Medical Association, on the 8th of October.

MR. HULBERT, the well-known representative of the house of Tarrant & Co., United States agents of Hoff's Malt Extract, and manufacturers of seltzer aperient, is in our city, calling upon physicians. Mr. Hulbert is quite as well and favorably known to the medical profession as the house he represents.

SOCIETY NOTICES.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The following circular and program of proceedings as arranged to date, has been received:

LOUISVILLE, KY., Sept. 15, 1890.

DEAR DOCTOR:—The 16th annual meeting of the Mississippi Valley Medical Association will be held at Louisville, Ky., Wednesday, Thursday and Friday, October 8, 9 and 10, 1890. The program is now completed and embraces the names of the most prominent men in America.

Dr. John A. Wyeth, the distinguished surgeon of New York, will deliver the public address. A grand banquet will be given at the Galt House; also public receptions and private dinners by the citizens and members of the profession. The social feature of the occasion will be made prominent. Half-fare rates have been secured on all railroads. Reasonable board can be had at all our hotels; the Galt House being made headquarters.

The meeting is to be held in the large and spacious Liederkranz Hall; its location being convenient to all the hotels.

We hope you will come, attend this meeting and aid in the discussion of papers.

The only thing necessary to become a member of this society (for a physician in good standing) is to sign the Code of Ethics and pay \$3.00 annual dues. Very sincerely yours,

J. M. MATHEWS, M.D., Louisville,
President.

E. S. MCKEE, M.D., Cincinnati,
Secretary.

I. N. BLOOM, M.D., Louisville,
Chairman Com. Arr.

Wednesday, October 8.

FIRST DAY—MORNING SESSION.

Address of the President, Joseph M. Mathews, M.D., Louisville, Ky.

On "Infectious Dyspepsia and its Rational Treatment by the Antiseptic Method," Frank Woodbury, M.D., Philadelphia, Pa.

"Help and Hinderance to Medical Progress," John H. Hollister, M.D., Chicago, Ill.

"Therapeutic uses of Cardiac Sedatives in Inflammation," H. A. Hare, M.D., Philadelphia, Pa.

"Mechanical Obstruction in Diseases of the Uterus," Geo. Hulbert, M.D., St. Louis Mo.

"The Construction of Bacteria," J. T. Whittaker, M.D., Cincinnati, O.

"A Fatal Case of Vomiting after Laparotomy," T. A. Reamy, M.D., LL.D., Cincinnati, O.

"The Surgical Treatment of Uterine Fibroids," R. Stansbury Sutton, M.D., LL.D., Pittsburg, Pa.

"Fracture of the Lower End of the Radius," P. S. Conner, M.D., LL.D., Cincinnati, O.

"Coffee, its Use and Abuse," I. N. Love, M.D., St. Louis, Mo.

"Treatment of Fracture of the Forearm by Extension, Counter-Extension and fixed Supination," X. C. Scott, M.D., Cleveland, O.

"Prof. Flint's Doctrine of the Self-Limitation of Phthisis," Wm. Porter, M.D., St. Louis, Mo.

AFTERNOON SESSION.

"Cough, its Relation to Intra-Nasal Diseases," A. B. Thrasher, M.D., Cincinnati, O.

"A Case of Rhinoplasma;" operation, A. H. Ohmann-Dumesnil, M.D., St. Louis, Mo.

A paper, by W. W. Dawson, M.D., Cincinnati, O.

"Chronic Diseases of the Joints," Joseph Ransohoff, M.D., Cincinnati, O.

"Cases of Penetrating Stab Wounds of the Abdomen; Laparotomy Results," H. C. Dalton, M.D., St. Louis Mo.

A paper by W. H. Daly, M.D., Pittsburgh, Pa.

"Gastro-Enterostomy," Geo. Cook, M.D., Indianapolis, Ind.

"Torsion of Arteries as a Means for the Arrest of Hemorrhage," J. B. Murdock, M.D., Pittsburgh, Pa.

A Paper by Willis P. King, M.D., Kansas City.

"The Psychic Sequences of an Entailed and Chronically acquired Alcoholism," Dr. C. H. Hughes, M.D., St. Louis, Mo.

"A Resumé of Experience to date all over the World in the Various Operations of Cystitis from Prostatic Hypertrophy," W. T. Belfield, M.D., Chicago, Ill.

"Fevers and their Treatment," C. G. Comegys, M.D., Cincinnati, O.

EVENING SESSION.

"Address," by John A. Wyeth, M.D., New York.

Thursday, October 9.

SECOND DAY—MORNING SESSION.

"Bromide Eruptions Resembling Syphilitic Lesions," Wm. T. Corlett, M.D., Cleveland, O.

"Original Investigation in Medicine in the United States," Frank S. Billings, M.D., Chicago, Ill.

"Acute Ascending Paralysis," Joseph Eichberg, M.D., Cincinnati.

"Inguinal Colotomy, with report of a case," Arch Dixon, M.D., Henderson, Ky.

"One Danger that Threatens the Physical Deterioration of the Whites in America," E. A. Wood, M.D., Pittsburgh, Pa.

"Urea and Serous Membranes," C. S. Bond, M.D., Richmond, Ind.

"Hypnotism in its Relation to Surgery," Emory Lamphear, M.D., Kansas City.

"Certainty in the Diagnosis of Tuberculosis," Theodore Potter, M.D., Indianapolis, Ind.

"Bunions," Robert T. Morris, M.D., New York.

"The Hypodermic use of Arsenic," Harold M. Moyer, M.D., Chicago, Ill.

"Fractures of the Lower End of the Humerus," their results and Medico-relation, Reuben A. Vance, M.D., Cleveland O.

"A Review of the Treatment of Varicocele," with cases, G. Frank Lydston, M.D., Chicago, Ill.

"Arthrotomy in Old Dislocations of the Elbow," with report of case, Joseph W. Marsee, M.D., Indianapolis, Ind.

AFTERNOON SESSION.

"Perineal Versus Suprapubic Cystotomy," H. O. Walker, M.D., Detroit, Mich.

"Herniotomy with Report of Three Novel cases," B. Merrill Ricketts, M.D., Cincinnati, O.

"What a Doctor Should Not Expect," A. N. Ellis, M.D., Cincinnati, O.

"An Examination of the Pupils of the Kentucky Institute for the Blind, with special reference to Causation of Blindness," J. M. Ray, M.D., Louisville, Ky.

"Myopia," A. R. Baker, M.D., Cleveland, O.

"Some Remarks on the Prevention of Myopia," Francis Dowling, M.D., Cincinnati, O.

"Malnutrition in Eye Diseases," J. E. Harper, Chicago, Ill.

"Absence of the Choroidal Blood Vessels and Pigment, Affecting Both Eyes," M. M. Cowgill, M.D., Paducah, Ky.

A paper by H. H. Mudd, St. Louis, Mo.

"Two cases of Tubal Pregnancy, Operation, Recovery," Edwin Walker, M.D., Ph.D., Evansville, Ind.

"Treatment of Organic Stricture of the Urethra," Seaton Norman, M.D., Evansville, Ind.

"Exercises in the Treatment of Lateral Curvature of the Spine," Geo. W. Ryan, M.D., Cincinnati, O.

Friday, October 10.

THIRD DAY—MORNING SESSION.

"Antipyretics," F. C. Woodburn, M.D., Indianapolis, Ind.

"The Difficulty in Diagnosing a Twisted Ovarian Pedicle in Uterine Myoma," report of a case, Edwin Ricketts, M.D., Cincinnati, O.

"The Treatment of Organic Stricture of the Urethra, with Special Reference to Perineal Urethrotomy," Jacob Geiger, M.D., Joseph, Mo.

"Summer Complaint in Children," Lyman Beecher Todd, M.D., Lexington, Ky.

"Neurasthenia Femineus, a Fashionable Disease," Amos Sawyer, M.D., Hillsboro, Ill.

"Treatment of Epilepsy," Philip Zenner, M.D., Cincinnati, O.

"Internal Urethrotomy" with cases, J. V. Prewitt, M.D., West Point, Ky.

"Lacerated Wound of the Axilla from a Barbed Wire," G. N. Rowe, M.D., Randall, Kansas.

"Three Cases of Intestinal Obstruction," with remarks, David Barrow, M.D., Lexington, Ky.

"Was it Relapsing Fever?" A. D. Barr, M.D., Calamine Springs, Ark.

"When to Operate in Case of Ruptured Ectopic Pregnancy," C. A. L. Reed, M.D., Cincinnati, O.

"Extra-Uterine Pregnancy with Report of a Case of Four Years and

Three Months' Duration, Complicated with Entero-Uterine Fistula," R. R. Kime, M.D., Petersburg, Ind.

AFTERNOON SESSION.

"Dermoid Cysts of Ovary, with Report of Cases," W. H. Wathen, M.D., Louisville, Ky.

"The Application of Antiseptic Method in Midwifery Practice," L. S. McMurtry, M.D., Louisville, Ky.

"Inflation of Hydrogen Gas for Diagnosis, Versus Exploratory Laparotomy, in Intestinal Obstruction and Wounds of the Abdominal Viscera," J. G. Carpenter, M.D., Stanford, Ky.

"Cerebral Syphilis, with Report of a Case," Frank R. Norbury, M.D., Jacksonville, Ill.

"Simple Ovariectomy," Orange G. Pfaff, M.D., Indianapolis, Ind.

"The Treatment of Intermittent Fever," Robert C. Kenner, M.D., Louisville, Ky.

"Tuberculosis, Syphilis, Rheumatism, and Pelvic Hyperæsthesia," J. A. Cutter, M.D., New York City.

"Treatment of Gonorrheal Rheumatism," Ap. Morgan Vance, M.D., Louisville, Ky.

"The Advantages of Attending Medical Societies and of Reading Medical Journals," T. B. Greenley, M.D., West Point, Ky.

"Cerebro-Spinal Concussion," J. F. Barbour, M.D., Louisville, Ky.

"The Tonsil," G. V. Woolen, M.D., Indianapolis, Ind.

Volunteer Papers.

THE *Daily News*, of Chicago, on September 11 published an affidavit by an ex-employé of a slaughtering firm employed by the State Live Stock Board to kill and put into the rendering tank all lumpy-jaw cattle which reached the stock yards. The affiant declares that the employés constantly outwitted the Health Officers and succeeded in smuggling large quantities of the diseased meat out of the house; that it was done by order of the firm, and that the employés were paid extra for it. It seems that the diseased meat was sold in the poorer districts of Chicago.

—*Med. and Surg. Reporter.*

THE AMERICAN RHINOLOGICAL ASSOCIATION.

This association will hold its annual meeting this year at the Galt House, in Louisville, on the 6th, 7th and 8th of October, the first part of the same week in which the Mississippi Valley Medical Association holds its sessions. It will be an exceedingly convenient time to attend the meetings of both societies. The following is the programme:

First Day—Monday, October 6.

FORENOON SESSION AT 10 O'CLOCK.

I.—Reading Minutes of Council Meeting at 9 a.m.

II.—Roll Call. Regular Session, 10 a.m.

III.—Address of President.

IV.—Remarks upon the President's Address.

V.—Balloting for Candidates for Fellowship.

1. Nasal Reflexes. Opened for discussion by Dr. A. B. Thrasher, Cincinnati, O.

2. Tonsillar Hypertrophy, their Influence on Nasal and Aural Inflammation, with Treatment. Opened for discussion by Dr. T. H. Stucky, Louisville, Ky.

3. Nasal Cauteries. Opened for discussion by Dr. E. R. Lewis, Indianapolis, Ind.

AFTERNOON SESSION AT 3 O'CLOCK.

4. Hygiene of the Upper Respiratory Organs. Opened for discussion by Dr. B. Gillette, Omaha, Neb.

5. Nasal and Pharyngeal Manifestations of Syphilis, Results and Treatment. Opened for discussion by Dr. J. G. Carpenter, Stanford, Ky.

6. Report of the Insane Asylum Committee appointed at last meeting to make Rhinal Examinations and Report "On the Relation of Rhinal Inflammation to Mind Affections." Discussion.

Second Day—Tuesday, October 7.

FORENOON SESSION AT 9 O'CLOCK.

I.—Report of the Secretary and Treasurer.

II.—Report of the Librarian.

III.—Report of the Nominating Committee.

IV.—Report of Other Committees.

V.—Miscellaneous Business.

AT 10 O'CLOCK.

1. Nasal Hypertrophies. Opened for discussion by Dr. John North, Toledo, Ohio.

2. Polypi and Other Nasal Growths. Opened for discussion by Dr. C. T. McGahan, Chattanooga, Tenn.

3. Administration of Morphine by the Nostrils. By C. H. Von Klein, Dayton, O.

AFTERNOON SESSION AT 3 O'CLOCK.

Papers by new members:

1. Oils in the Treatment of Diseases of the Nasal Passages. By Dr. Edwin C. Painter, Pittsburgh, Pa.

2. Removal of Luskas Tonsil. By Dr. J. Homer Coulter, Peoria, Ill.

3. The Relation of Naso-Pharyngeal Disease to Catarrh of the Middle Ear. By Dr. Emmett Walsh, Grand Rapids, Mich.

4. Other papers by new members whose titles will be announced.

Third Day—Wednesday, October 8.

FORENOON SESSION AT 10 O'CLOCK.

1. Hay Asthma. Opened for discussion by Dr. A. DeVilbiss, Toledo, Ohio.

2. What shall be our Excipients in Nasal Sprays? Opened for discussion by Dr. R. S. Knode, Omaha, Neb.

3. Remarks upon the Subjects read before the American Rhinological Association. By Dr. Thos. F. Rumbold, San Francisco, Cal.

II.—New Instruments by Fellows.

III.—Report of Auditing Committee on Treasurer's Account.

IV.—Balloting for Officers for the Ensuing Year, and for a Member of the Council, and their Introduction into Office.

V.—Balloting for Place of Next Meeting.

VI.—Miscellaneous Business.

VII.—Adjournment.

BINDING.—A VOLUME ($\frac{1}{2}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending September 19, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Group.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....	1	..	..	..	..
2.....	2	1	..	..	..
3.....	1	..	..	..	..
4.....	1	1	1	..	..	..	..	..	..
5.....	4	1	..	..	..
6.....
7.....	1	..	..	..	..
8.....
9.....	4	..	..	..	..
10.....	5	..	..	..	..
11.....	3	1	..	..	..
12.....	1	..	..	..	..
13.....	4	4	..	..	..
14.....	1	..	..	..	..
15.....	2	..	..	..	1
16.....	1	..	..	..	1	..	..	..	..
17.....	1	1	..	..	..
18.....
19.....	1	..	..	..	..
20.....	1	1	..	..	..
21.....
22.....	2	1	..	..	..
23.....	1	1	..	..	..
24.....	4	..	..	..	..
25.....	1	..	..	..	12	..	1	..	..
26.....	1	..	..	..	..
27.....	3	..	..	..	1	1	..	..	..
28.....
29.....
30.....	2	..	..	..	..
Public Institutions	2
Totals	6	1	1	1	54	14	1	..	3	..	..
Last week	1	..	9	..	30	9	..	..	7	..	..

The following is the mortality report for the week ending September 19, 1890.

Cholera Morbus.....	2
Cholera Infantum.....	3
Diphtheria.....	14
Typhoid Fever.....	3
Other Zymotic Diseases.....	3—25
Cancer.....	2
Consumption.....	11
Other Constitutional Diseases.....	4—17
Bright's Disease.....	1
Bronchitis.....	2

Convulsions	3
Enteritis	3
Gastritis	2
Heart Disease	4
Liver Disease	3
Meningitis	2
Nephritis	2
Peritonitis	3
Pneumonia	4
Other Local Diseases	13-42
Deaths from Developmental Diseases	10
Deaths from Violence	13
Deaths from all causes	107
Annual rate per 1,000	17.12
Deaths under 2 years	24
Deaths under 5 years	33
Deaths for corresponding week of 1889	94
Deaths for corresponding week of 1888	106
Deaths for corresponding week of 1887	91

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 77 cities and towns during the week ending September 19, 1890:

Diphtheria: Canal Fulton, 1 case, 1 death; Carthage, 1 case; Chillicothe, 2 cases; Cincinnati, 54 cases, 14 deaths; Dayton, 16 cases, 3 deaths; Defiance, 2 cases; East Palestine, 5 cases, 1 death; Glendale, Harrod and Lima, each 1 case; Rock Creek, 2 cases, 1 death; Sandusky, 1 case, 1 death; Tiffin, 3 cases, 2 deaths; Toledo, 13 cases; Youngstown, 2 cases.

Scarlet Fever: Cambridge, 1 case; Canal Winchester, 3 cases; Chillicothe, 5 cases; Cincinnati, 6 cases, 1 death; New Straitsville, 2 cases; New Washington, 1 case; Ottawa, 2 cases; Shawnee, 3 cases; Toledo, 1 case; Youngstown, 3 cases; Wooster, 1 case.

Typhoid Fever: Blanchester, 1 case, 1 death; Bloomingburg, 2 cases, 1 death; Canal Fulton, 2 cases, 1 death; Celina, 2 cases; Chillicothe, 3 cases; Cincinnati, 3 deaths; Conneaut, 2 cases; Coshoc-ton, 1 case; Crestline, 2 cases; Defiance, 1 case; Delta, 1 death; Felicity, 1 case; Fostoria, 2 cases; Fremont, 1 case; Genoa, 3 cases; Iron-ton, 1 death; Leesburg, 1 case; London, 4 cases; Millersburg, New Concord, Olmsted Tp., Ottawa, Plymouth and Ravenna, each 1 case; Rawson, 9 cases; Rocky Ridge, 1 case; St. Paris, 1 case, 1 death; Salem, 12 cases, 1 death; Sandusky, 1 case; Shawnee, 6 cases; Sidney, 1 case; Springboro, 1 case, 1 death; Upper Sandusky, 2 cases; Wadsworth, 3 cases; Warren, 1 case; Wabash Tp., 5 cases; Wilmington, 3 cases; Youngstown, 5 cases.

Whooping-Cough: Cincinnati, 1 case; Coshoc-ton, 3 cases; Glendale, 2 cases; Rocky River, 14 cases; Youngstown, 1 case.

Measles: Canal Winchester, 4 cases, 2 deaths; Coshoc-ton, 2 cases.

No infectious diseases reported to health officers in 25 towns.

C. O. PROBST, M.D., Secretary.

MEDICAL MISCELLANY.

ANTISEPTIC PRACTICE IN GER-MANY.

This subject has passed through so many phases of late that a glance at the present laborious and complicated machines for sterilizing used in all the German hospitals may not be without passing interest to those who have not seen the late exhibition in the hospital wards at Berlin, as carried out daily by Professor Bergmann, and followed by all the leading surgeons in German hospitals.

It was once taught and firmly believed that the atmosphere was the principal vehicle for poisoning our wounds in surgical operations, which the carbolic spray was intended to abolish. It is now admitted that the dust conveyed by the atmosphere is not so active and dangerous as was once believed, although germs may be conveyed by that medium, and deposited in the wound. With this object of having as little dust as possible, the surfaces in the new buildings are all made smooth for easy cleansing and preventing adhesions, although the old buildings are still cumbered with these defects. The floors of the operating theatres are constantly kept moist, so that matter falling from any wounds have no risk of again being carried into the air, as bacteriologists have set forth proof that the microbe has no tendency to rise from a moist surface. The operating tables are composed of iron frame work and a plate glass slab for the bed, immediately underneath which a steam pipe is conducted to keep the patient warm. Scrupulous care and untiring details in sterilizing instruments, hands, dress, bandages, and every other hospital appliance are carried out, that would be quite impracticable in a private home operation. To prevent this contagious infection of wounds it might be well to refer to Professor Bergmann's own description of conducting operations:

The skin of the patient before operation is cleansed of all supposed germs by washing wide round the site

of incisions in the following manner: The skin is well soaked and then shaved. After this the part is washed with sterilized water and again with fluid glycerine soap. It is then to be well dried and rubbed with a sterilized towel. It might be noted here that Professor Bergmann lays great weight on this washing and firm rubbing, as he is convinced that it removes from the surface the epidermis which is of so much danger in our operations, where he believes the microbe to reside. After this mechanical rubbing the skin is finally washed with a solution containing 80 per cent. of alcohol and $\frac{1}{4}$ per cent. of a sublimate solution.

In the same scrupulous manner the hands of the operators and assistants are to be cleansed and disinfected. In washing the hands a brush is necessary to remove the epidermis, but this brush must be preserved in a solution of $\frac{1}{4}$ per cent. of sublimate, as microbes have been found on a brush kept by the washstand.

Before commencing the operation the patient must be enveloped in a sterilized cloth or towel, leaving only the part for operation exposed, which has been washed and dressed as above.

The instruments for use must first be placed in a kettle containing a one per cent. solution of soda and boiled for five minutes, after which they lie in this solution ready for use. On taking them out for the operator they are dried with a sterilized gauze towel. If any doubt may arise about the sterilizing of an instrument it is again put back into the soda solution and brought forward in the same order. It need not be said that care for the edge and rust must also be considered.

During the operation we are enjoined that bleeding must be perfectly checked. No sponges must be used, but pieces of "mull," which have been sterilized. This is not impregnated with any antiseptic, nor allowed to be moistened, but applied dry to the wound after sterilizing, and then thrown away. All vessels are taken up with ordinary torsion or clamp artery forceps, and tied with catgut. The wound must not be closed till its surface remains perfectly dry.

The catgut is prepared by the trade on a small glass frame, which can be immersed in a 5 per cent. alcoholic sublimate solution, which is constantly renewed as the solution becomes cloudy, but after it remains clear the gut is ready for use, but before immediate use it is placed in a one per cent. of alcoholic sublimate lotion. When silk is used it is not treated with antiseptic fluids, but is sterilized with the steam machine.

Sterilizing! Sterilizing!! This is the only salvation for surgeons in Germany, and every hospital must be fitted up with a great bulky machine like a corporation waterworks, while every individual pavilion must have its own smaller sterilizing machine, usually placed in the centre of the room, into which every thing must go before they can be safe for use. Towels, handkerchiefs, spoons, knives, and, in some cases, the room itself was sterilized with these machines, and those who visited the exhibition of medical apparatus could not fail to observe the colossal steam machines ranging from £50 to £500. These are all aiming at carrying out Koch's principle of sterilizing by means of steam passing round the walls of the receptacle till the contents have been raised to 100° C., or 212 Fahr.

To insure this a needle thermometer is inserted into the centre of the articles to be sterilized, and by an ingenious electric connection is registered in the matron's room. At this temperature every article must be kept for at least half an hour, when it is pronounced to be lifeless or sterile—free of every organic germ or microbe.

Bandages are treated in the same manner. The gauze is brought in large quantities direct from the manufacturer (Böhm, Berlin), cleansed and disinfected. It is then cut up into the different sizes of bandages for hospital use. These are put in linen bags, the necks tied, and placed in these sterilizing machines, where they undergo the same vital destruction. Wadding, etc., is treated in a similar way. These are then kept in a sterilized chest till required, when they are opened, laid out on a sterilized towel, and covered with another steril-

ized towel, the nurse having sterilized her hands before touching the bandages.

When suppurating or tuberculous joints are to be operated on, the treatment is the same to begin with, as washing, shaving, etc.; but these differ at the end of the operation in not being closed. The wound is dressed with a tampon of iodoform gauze, into which the powder has been well rubbed, and the whole wound saturated with the powder. After two days this is removed, and changed twice within twenty-four hours, when the wound is considered sterilized, and fit to be sewn up. The wound then heals up without any further discharge.

Surgery on these principles is too gigantic a matter to be speedily copied without some more proof of their permanency than is at present offered to us. In a country where the imperial "K. K." provides for the State, one can understand the mania for disturbing the simplicity of the patient's mind with such a fearful and wondrous machine, but when a private practitioner essays at sterilizing his instruments and material for a surgical operation, he will be inclined to wander down the street, narrowly inspecting the windows for a placard by some enterprising firm, bearing the inscription: "A Disinfecting Apparatus kept here."—*Med. Press and Circular*.

DISINFECTING MEANS AND METHODS.

The following abstract is from the *Centralblatt für die Med. Wissensch.* (No. 30, 1890): In an earlier paper, Herr Geppert had stated that "sublimat" has not the disinfecting action usually ascribed to it (*Centralb. f. d. med. W.*, No. 9, 1890). In pursuance of his investigations, Geppert shows that its strong antiseptic action in earlier experiments lay in the substratum (holding the spores) which served as indicator, viz., threads or cotton-wool fibres. A kind of chemical combination occurs, so that the most careful washing with water, as generally practiced, cannot remove the perchloride of mercury; hence the growth of the spores is pre-

vented on nutrient media, and a true disinfection is simulated. When, instead of threads, steel needles or covering glasses were used, and touched with anthrax spores, the latter developed into a "culture," even after twenty minutes' immersion in a one per thousand sublimate solution, and inoculated animals died of splenic fever. In fact, in the use of sublimate, the impression falls on the object and not on the infection-carrier. The more such an object, loaded with sublimate, is in a condition to retain it, the less can it disinfect.

Also the concentrated (7 per cent.) watery solution of carbolic acid was examined similarly, and after thirty-eight days' stay in it, anthrax bacilli were still capable of growth and of infecting animals.

Boiling water was next examined. After one minute in this, spores were still able to develop and infect; after two minutes' boiling, spores could no longer infect animals, but could still develop on agar; it required five minutes' boiling to prevent subsequent growth. The result, repeatedly verified by the author, that growth upon nutrient media and the capability of infecting animals are not lost *pari passu*, induced him to take as his criterion of perfect infection the loss of action on animals. In the case of boiling water, the spores could grow after they were found to be harmless on animals, but in the case of sublimate the opposite occurred. Pieces of skin into which anthrax spores were rubbed, and which were dipped for five minutes in sublimate solution, showed no growth of the spores on agar, but inoculated rabbits and mice died of splenic fever.

The strongest antiseptic was found to be the oldest we know of, viz., chlorine. A watery solution holding 0.2 per cent. of chlorine destroyed, in fifteen seconds, the infectiveness and power of growth of anthrax bacilli; at the moment of contact it so attenuates the spores that they are no longer able to kill rabbits, which are evidently not immune against splenic fever. On the other hand, the power of chlorine to prevent development is only slight; it requires a strength of one in 700, at

least, to stop the development of anthrax spores on agar. In the nascent condition, chlorine is still stronger than aq. chlori. If to a weak mixture of chloride of lime and water, containing anthrax spores, HCl (three per cent.) was added to the latter, and then immediately weak NH_3 , inoculated animals did not die, but if water was used *vice* HCl they died of splenic fever. Since in the former method of using chlorine the suffocating smell of chlorine is absent, the author selected this way of using chlorine as the best in medical practice. Moreover, by this method the previous use of soap and water is unnecessary, because the mixture is eminently cleansing and removes dirty layers of organic material. To cleanse the hands then, a paste is used of 100 parts of powdered chloride of lime with 45 of water; this is like an ointment. It is rubbed well over the hands, which are then dipped in a two or four per cent. solution of HCl; finally, the nails are gently brushed. If certainty of disinfection is desired, the hands may be previously dipped in gentian-violet solution; if the chlorine acts sufficiently, the color will be entirely discharged. Instead of the paste the hands may be dipped alternately in chloride of lime solution and HCl three per cent.

The author thinks it very important that in experiments where an infection-carrier is removed from a liquid, we should be able to cleanse it effectually from that liquid. This is not the case with threads; hence a source of error.

—*London Med. Recorder.*

THE RELATION OF FILTH TO TYPHOID FEVER.

One of the most interesting features connected with the development of what is known as the germ-theory of diseases is the ever-varying opinions expressed, by those best qualified to judge, of the relation of filth to the formation of a specific ailment. At one time, quite in the memory of comparatively recent graduates in medicine, it was taught that the presence of filth alone, without any specific virus, might provoke this disease. Thus, a very emi-

nent teacher would frequently detail an instance in which some miners, who had been killed by an accident, were buried in a lot so situated that the water-supply of several houses became impure, and in these, in consequence, an epidemic of typhoid soon developed. Later than this we were taught that there was no typhoid fever without the presence of a typhoid-fever germ; and now we are informed by Dr. Vaughan, in his able and interesting article, published in the number of the *Medical News* for August 16, 1890, that "wherever man pollutes the soil about him, the air that he breathes, and the water that he drinks, with his own secretions, there enteric fever will be found." Whether this conclusion is a correct one or not, only further study and wide experience can determine; and so many difficulties stand in the way of its proof that a distinct and positive result cannot be expected while our methods of experimentation are so crude. One of the chief difficulties connected with the study of the subject consists in the sterilization or preparation of the intestinal contents in such a manner as to prevent typhoid germs from growing, while others are allowed to thrive. This is necessary, since it is highly probable that these various germs may so alter the intestinal state that a few typhoid bacilli taken into the mouth in dust or water, and swallowed, may at once find a favorable place for growth. Doubt must always exist in a case of typhoid fever where nothing but ordinary filth was ingested, as to whether that filth did not by means of the wind, or by other method of contamination, receive typhoid poisons. While it is true that ulcerations of the intestines and fever have been produced in man and animals, without the apparent presence of a typhoid bacillus as we know it, or are supposed to know it, we cannot help believing that the mere pollution of water or other ingesta with non-typhoidal filth will not produce this disease, and that the specific cause must be present. No better experiment to prove this can be cited than the epidemic of typhoid fever at Cumberland, Maryland, last winter and spring, which was especially reported to the *Medical*

News by a correspondent sent to the spot. As will be remembered by most of our readers, the entire drainage of the town was carried directly into the water-supply, and in consequence, for many months, dysentery and diarrhoea prevailed among the population who drank the water supplied by the city, but no typhoid fever was present until an individual came to the town sick with this disease, when it speedily showed itself in an outbreak of a widespread character. The theory of the development of this disease must, therefore, be considered as represented in the following aphorism: No typhoid fever without infection from a previous case of typhoid fever. The ingestion of filth does not cause typhoid fever, but predisposes the patient to the disease by decreasing the vital resistance and affording a field for the growth of the peculiar germ.—EDITORIAL, *Medical News*.

THE TRANSMISSION OF TYPHOID FEVER BY THE AIR.

Dr. Bordas (*La Revue Médico Pharmaceutique*) has instituted experiments to determine the relation between the humidity of the atmosphere and the transmission of the typhoid bacillus. A current of dry air, completely devoid of germs, was conducted through a vessel containing a beef-broth culture of the bacillus and into a second vessel containing sterilized beef-broth. The second vessel remained sterile. The result was the same when a dry atmospheric current was passed over pumice stone saturated with a culture of the typhoid bacillus. When moist air was passed through the same vessels a very different result was obtained. The sterile beef-broth culture was found, after the lapse of a quarter of an hour, to be thickly planted with the bacilli.

In nature this state of humidity is supplied by mist or fog, and statistics show an increase of typhoid fever in Paris during the months of October, November, December, and January. The most general mode of propagation of typhoid fever is by contamination of the soil or water, but there are cases in

which it is manifested by pulmonary localization. The germ may penetrate into the bronchial system in spite of every means of defence possessed by the organism. Metchnikoff's studies prove that the lungs are a phagocyte battle-ground. In typhoid infection, due primarily to pulmonary lesion, it would seem that the phagocytes of the lungs are ordinarily sufficient to prevent the development of the infectious germ, and that contagion by means of the air can take place only when the macrophagic cells cease to offer an obstacle to the invasion of the microbe.

—*Philadelphia Med. News*.

A FORMULA FOR INSECT BITES.

One of the very best applications for the bites of mosquitoes and fleas, also for other eruptions attended with intense itchings, is: Menthol in alcohol, one part in ten. This is very cooling and immediately effectual. It is also an excellent lotion for application to the forehead and temples in headache, often at once subduing the same.

SPECIAL NOTICES.

THE MISSOURI PACIFIC RAILWAY CO.,
LEASED AND OPERATED LINES.
HOSPITAL DEPARTMENT.

KANSAS CITY, Mo., July 12, 1890.

THE ALE & BEEF CO., Dayton, Ohio.

Gentlemen:—Answering yours of the 8th inst., will say that I have used the "Ale and Beef Peptonized" in both hospital and private practice, and am much pleased with it. My house surgeons (Drs. F. R. Smiley and Geo. F. Hamel) inform me that it agrees with the stomach in cases where food cannot be retained; and this agrees with my own experience. *I had one case of a delicate lady with a forming pelvic abscess, which involved the ovary. There was a constant vomiting and retching. She retained the Ale and Beef "Peptonized."* This after I had tried a number of things which had failed. She drank it steadily for a month, and it seemed to be, in her case, food, medicine and stimulant, all in one. It is an excellent thing. Keep up the good quality of the preparation, and it will surely sell. Very respectfully,

WILLIS P. KING, M.D.,
Ass't. Chief Surgeon, Mo. P. Ry.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in syphilitic diseases.

MEDICAL SCIENCE IN CHINA.

The aim of this paper is to describe some of the Chinese ideas of the nature of disease and the theory of treatment, then to sketch briefly the changes wrought in the past fifty years by the introduction of Western medical and surgical science.

The Chinese Empire has been fitly compared to Lot's wife: ever looking backward; wedded to the past. Confucius taught the nation that its work was not to create, but to conserve and transmit. The usages of centuries have crystallized into unvarying forms. Life and thought move on through ancestral grooves, and that which is inquisitive, inventive, progressive, is viewed with suspicion, if not at once rebuked as seditious. In its exact, comprehensive sense, science has no existence here. Theories, speculations, traditions, and superstitions abound, and are seen in astrology, geomancy, and medicine; but that cautious, candid, thorough investigation of facts, which we call scientific study, does not find an ally in the Chinese mind. The people are, moreover, fettered by a language pronounced by Professor Williams to be "the most meagre and tedious of all tongues." Though the most ancient, it is probably the most intractable of all spoken languages, making the Chinese scholar indifferent to other tongues, because it is impossible for him to study them through the medium of his own. All the terminology of chemistry, medicine, and natural history remains in Greek and Latin, but how to adapt technical Western science to the genius of this language is not easy to decide. Professor Williams also points out the indistinctness by which time is expressed; the confusion of common and proper names; the absence of punctuation, paragraphs, sentences, capital letters, and other helpful signs of speech which native conceit forbids and ridicules. Prejudice and ignorance, however, are greater obstacles than linguistic difficulties to the spread of modern science. This will be seen as we turn to the subject of medicine.

The literature, such as it is, is very

copious. During my residence in Canton Hospital, I have had access not only to libraries, but to other sources of information upon native medicine. One is amazed at the patience and industry of Chinese scholars in collecting observations in various departments of research. One work in materia medica and therapeutics appears in forty volumes, and 756 authors are quoted on the same theme. Another work on the medical and agricultural uses of plants is printed in sixty volumes, with 1,715 engravings.

Dissection of the body being forbidden, the most absurd notions concerning anatomy and physiology have prevailed. Food is supposed to pass from the spleen into the stomach. The larynx leads into the heart; the soul is in the liver; and the pit of the stomach is the seat of breath and the source of joy—perhaps true in some cases. The skull is one bone, so are the arm and the pelvis. The right kidney is the gate of life. Each organ is related to one of the five elements: earth, air, metals, fire, or water. Fire rules the heart; metals rule the lungs; water rules the kidney; and so on. There is not a square inch of the body that is nameless. Applications to each region are made according to the guiding dual theory, of action and reaction—*yin* and *yang*. Heat and moisture are the vital principles. The blood and spirits are their vehicles. There are twelve channels of distribution.

The study of the pulse is the most important part of the physical diagnosis of disease. In the Peking Medical Museum is a copper model of a man pierced with many holes, and marked with the names of the pulse. There are three wrist-points and twenty-four kinds of pulse at each point of each wrist, so that the native doctor has 144 pulses to study, by which the condition of the body and even the sex of an unborn child are said to be determined. Of these twenty-four varieties, there are the slow and rapid pulse, the rough, the soft, the strong, the weak, the vibrating the hidden and the impeded. If we find the latter at the first point of the left wrist, we may expect sudden

death. If at the second point of the right wrist, water in the stomach is indicated. Seven cautions are given to the practitioner regarding his own quiet breathing and presence of mind, and manipulations. George Barrow, the traveller, was taken ill with cholera morbus, and a celestial *Æsculapius* was called. Solemn as an undertaker, he fixed his eyes on the ceiling. Beginning at the wrist, he proceeded to the elbow, pressing hard with one finger and lightly with the other, as one plays a violin. After ten minutes' fingering, he pronounced the trouble to be gastric and caused by an injudicious diet—a pretty good guess.

In taking the temperature of the body, I noticed that a native physician (whom I recently accompanied through the wards of his elegant hospital at Hong Kong) laid the back of his hand, as we do, on the cheek or carotid region. He also showed me the method of preparing the decoctions used internally and externally. Every fire-pot where the liquids simmer is marked, as are the scores of wooden boxes into which the dregs of the mixtures are put for inspection, whether from the animal, vegetable, or mineral kingdom. In one standard work there are 78 substances from the first and 314 from the vegetable kingdom. Mercury and arsenic are used in specific diseases. Ginseng is greatly prized. It is held as a governmental monopoly and gathered by detachments of soldiers. Opium, camphor, rhubarb, and other medicines used by us are found in the Chinese *Pharmacopœia*. There are many inert substances used. One author commends 132 substances from metals and stones, 99 from reptiles, shell-fish, and the like, and from parts of the human body and its exuviae a great number of thing. The entire catalogue numbers 1,012.

The land is overridden with quacks. The extravagant street-signs show it, on which the adventurer announces himself as a "physician and surgeon by descent for several generations." Necromancy and fortune-telling are combined with medicine. I have seen many of these impostors sitting out of doors at their divining-tables with their credu-

lous dupes about them. It is also believed that the spirits sniff the refuse of the decoctions referred to, and so these are exposed in the streets. Good food and fruit are also spread on tables indoors to appease the spirits, and mirrors to frighten them away. Burnt charms are taken in tea for cardiac disorders, and in pure water for ulcers and all fevers. Prayer-healing and casting lots in a bamboo tube with 100 sticks; rubbing a part of an idol, corresponding to the part of the body affected, and a multitude of other methods of treating disease cannot here be described.

At the hour of death, the Chinese, like the ancient Egyptians, believe that good and evil spirits seek the departing soul. I heard an attendant calling by the hour to a dying girl in a ward opposite my room in the hospital, a few weeks since, and was told that it was an appeal to the departing spirit to come back. The beating of gongs is common in Chinese homes in which death is near. So it is at fires. I have had evidence of this in two large conflagrations near us. The din was something dreadful.

Anybody can be a doctor here. If you read the books prescribed by the college of Peking and follow the pulse-points of the copper model, you are "a regular." If not, you are an irregular practitioner and may be convicted of homicide if your patient dies. If you prolong or aggravate the disease to increase your fee, the law says that the money is stolen, and if you lose your patient you must lose your head. I saw a pile of bloody heads on the execution grounds the other day, but did not identify any as belonging to doctors. Indeed, the law is dead, and thousands of mischievous heads remain on medical shoulders. Stranger still, the Chinese race increases, in spite of irrational medicine and the utter absence of those sanitary conditions on which we predicate health. The oldest nation on the earth shows no sign of physical decay.

As to surgery, there is none. Acupuncture may be an exception, and also the terrible emasculation practiced at Peking, often with fatal results, in connection with the imperial harem, which

is described in the papers of the North China Asiatic Society. Surgical interference is opposed by the superstitious notion that dismemberment or mutilation here will remain in the other life a permanent disfigurement. Furthermore, the rarity of drunkenness and the absence of railways and machinery diminish the number of cases requiring treatment by the surgeon. That there is no natural inability on the part of the Chinese to become first-class surgeons is a fact shown by notable examples. Dr. Wong, a classmate of mine, forty years ago, was the first Chinese on whom a foreign medical diploma had been conferred. He was a graduate in medicine of the Edinburgh University, twenty years a successful practitioner, in charge of the Presbyterian Hospital, Canton, part of the time, and died in 1878. Dr. Ato, a colleague, was the first Chinese to acquire at home a knowledge of Western medicine. He performed, in 1847, at this hospital, the first operation with ether, and soon after, with wonderful dexterity and success, removed an enormous tumor, three feet in circumference, from the back, and another as large as the patient's head from the axilla. This latter operation involved careful dissection and the tying of three arteries. The whole was finished in four minutes. He was an ambidexter, excelled as an oculist, acquired a large fortune, and was a man of commanding influence.

The changes wrought in the past half-century by Western medical and surgical science are marvellous, and constitute a powerful argument in behalf of medical missions. Dr. Peter Parker opened here in 1835 the first medical mission hospital in China. It has been remarked of him that "he opened the gates of China with a lancet when Western cannon could not heave a single bar!" Thousands of patients flocked to him from seventeen provinces, some consuming months in the journey, and going home with the voice of gratitude uttering his praise. His patients were found from the beggar in rags to the Emperor's household. The popularity of the Presbyterian Hospital was a guarantee of its safety in time of war,

so that a British Consul said that he would regard himself securer in this house where I am now writing than in a gunboat on the river.

Dr. J. G. Kerr, now in charge of the Canton Hospital, has seen thirty-five years of toilful service, and stands at the head of the profession in this country. He has had a medical class, male and female, who pay \$20 annually for tuition, and study three years. The instruction is wholly in Chinese. He has published many original works and translations of foreign authors. We are working together now for the establishment of an asylum for the insane, something unknown in China. Dr. Swan and Dr. Mary Niles are physicians here, the latter attending more than a thousand of her sex yearly. There is an unlimited field for women physicians, for Chinese females will endure prolonged suffering rather than be attended by men.

I have visited the medical school connected with the Alice Memorial Hospital at Hong Kong, and heard Dr. Thomson lecture in English. At Formosa there is another school where a knowledge of English is a condition of entrance. The course is four years. There has been a great deal of dispensary work ever since Drs. Robert Morrison and Livingstone opened a dispensary for the poor in Macao, seventy years ago. Drs. Colledge and Bradford, of Philadelphia, should also be mentioned as pioneers, as well as Dr. Pearson, Surgeon of the East India Company, at Canton, in 1805, who introduced vaccination into the Empire—an unspeakable blessing in arresting what before had been an annual epidemic of a most loathsome and fatal character. Asiatic cholera has been another fearful scourge, more than 100 deaths a day occurring in a single town, Amoy, for nearly two months, in 1842. Thousands of lives have been saved by the missionaries.

The expressions of gratitude to Christian doctors by their heathen patients are novel and often pathetic. Gratitude is shown, not only by the *Kow-kow*—i.e., prostration and bumping the head on the earth—but by other

acts, as at Foochow, where Dr. Kate Woodhull, a successful operator for cataract, some months ago received a handsome memorial tablet, which was hung up amid the explosion of fire-crackers. The inscription read: "She has given her whole heart." One of Dr. Parker's patients requested leave to send a painter to make a portrait, that he might daily bow to it. Dr. Parker's pecuniary gifts were liberal, for he was an official secretary; and he composed an eloquent poem in praise of the medical missionary.

A sufferer from lupus at Kiang-Si, who had spent her all on native doctors and Buddhist priests, seeing the disease spreading over face and neck, went to the temple and told them that they and their gods were frauds. The priests were horror-stricken, and frightened her into the payment of \$7.50 in gold, to get which she sold a few remaining personal effects. The failure of their incantations exhausted the last ounce of patience she had. She and her husband returned to the temple, and cursed the gods and the Buddhists to their hearts' content.

On their way home they fell in with a former patient of Dr. Douthwaite, whose body and soul had been saved by this kind physician. Three days by wheelbarrow brought them to Dr. Douthwaite, who not only prayed and read the gospel to them, but gave potassium iodide internally and iodine ointment externally. The disease was arrested, and in a month cured. They returned home, renounced idolatry, and led many of their neighbors to do the same. A Christian teacher was sent for; many more of the villagers threw away their idols; a church was organized where the true God was daily worshipped, and the members became missionaries, sending from their own number an evangelist to preach the gospel, which had done so much for their own village, to regions beyond their borders.

There are about sixty mission hospitals and eighty foreign physicians connected with them in this Empire, besides clergymen and assistants who have acquired a practical acquaintance

with medicine after years of service in isolated districts in the country.

In these far-away neighborhoods a knowledge of simple remedies in sickness and emergencies will save many lives, and invest a man with supernatural influence in the eyes of the priest-ridden and quack-deluded people. Shanghai, which I hope to visit shortly, and many other large cities and towns have hospitals, and natives are being taught Western science. Dr. Eldridge, who, under imperial patronage, has sent out more than thirty Japanese practitioners, said to me when in Yokohama, that in nothing had the recent intellectual advance been more satisfactory than in medical science in Japan. The more conservative Chinese are slower to welcome us with our Western ideas, but the heaven is surely working. Ever since Dr. Lockhart, who was a pioneer of 1843, went with Her Majesty's legation to Peking, at the close of the second war, princes of the palace and officers of the highest rank have been applicants for relief at the hands of these "foreign devils," as we have hitherto been regarded.

A few weeks ago I was in an inland city, eighteen miles from Canton, where the chief manager of a native hospital came to the missionary physician, confessing the inutility of his methods. He paid \$15 to be rid of hemorrhoids, and went his way rejoicing. A pagan teacher, speaking of doctors, said recently, in substance, "When you find a thief on his way to your money-drawer do you pray with him? No, you call police! So, if you are really ill, you want a foreign doctor." A few days ago a message came to the hospital here for help for a woman who was dying in labor. Dr. Kerr promptly responded, and saved both mother and child. (In an arm presentation the mother is left to die.) Again, yesterday, he had a similar call. The ignorant midwife was doing nothing, and held one dead child. Two more unborn, and the mother as well, would have died but for Dr. Kerr. A fortnight since, the naval admiral, General Fong, a high mandarin, came to us for relief for his aged mother, hundreds of

miles away. One of our skilled woman physicians responded. A long journey and several weeks' absence are involved. It was a suggestive sight as I saw this stately officer and his attendants, in silken robes and gracious speech, soliciting the aid of foreign science, which their own wealth and boasted civilization failed to furnish. It was a type of Asia, herself, waking from the sleep of centuries to feel the flush and throb of a new life. When an elaborate manikin was shown, and certain medical and surgical methods explained, their wonder and admiration were something interesting to study.

But I have not time or space to recite further incidents, or to record other data as to the introduction of Western science into this long-sealed, hermit-like nation. My time is crowded, and postage is twenty cents an ounce! A long, *heavy* article is, therefore, out of the question. The Chinese Hippocrates of the second century, contemporary of Galen, gave medicine in doses of a pound, and the system which he founded was so popular that it continued one thousand years. I have ventured to give the reader an *ounce* dose, or less, promising more at another time, in reference to the special work in my hands, namely, the establishment, if possible, of an asylum for the insane. No such institution is to be found in the Empire. Such a humane and beneficent enterprise would fitly crown the history of Western medical science, which the last half-century has made so illustrious in this vast Empire of the oriental world. — EDWARD PAYSON THWING, M.D., Ph.D., *Med. News*.

MDLLE. EVERHERT, who took her M.D. degree at Brussels with honors not long ago, has been appointed Assistant Physician to the Hôpital S. Jean in that city. This is said to be the first time that a staff appointment in any of the public hospitals of Brussels has been conferred on a woman.

We have a few copies of Dr. W. E. Ryan's "Aphorisms in Diseases of the Rectum," \$1.00. This is an excellent work, and worthy a place in any library.

DECISIONS OF SUPREME COURT, AND APPEALS IN THE CASE OF CRUIKSHANK vs. GORDEN.

The following proceedings of the case are taken from the *Brooklyn Medical Journal* for September 1890:

Supreme Court.

WM. J. CRUIKSHANK } *Opinion at*
vs. } *General Term.*
WM. GORDEN.

BARNARD, P. J.—The plaintiff is a physician. The complaint alleges various causes of action based upon spoken words charging the plaintiff with ignorance and unskilfulness in his profession. The complaint avers that the slanders were uttered with malice towards the plaintiff, and with the intent to injure him in his profession as a physician. The proof bears out the complaint fully. The utterances were numerous and to different persons, and were to the effect that plaintiff was no doctor; that his treatment would kill the patient, and that persons employing him would murder their own families thereby. The point taken, that these words are not actionable *per se* is not, we deem, well taken. A charge made maliciously in respect to a vocation or trade of a person, which if they would render him unworthy of employment, are actionable *per se*. (Kinney vs. Nash, 3 Comstock Rep., 177.)

Numerous exceptions were taken on the trial to the admission of evidence showing a repetition of language of the same general import as that counted upon in his complaint. The evidence was proper. The repetition of the charge may be shown and the circulation and publicity of these utterances, to establish or express malice, and to prove the extent of the injury. (Derlin vs. Rose, 69 N. Y., 122.)

A witness for the plaintiff testifies to one of the slanderous utterances and in a conversation with the defendant, after the papers in the within action were served, in respect to the action, testifies that defendant offered him \$1,000 to go to Canada to avoid testifying on the trial. The real point of the evidence of the witness was an intent to induce

the witness by defendant to "not remember." The offer was so woven in the narrative that it could not be detached even if it was improper evidence, of itself. It is difficult to conceive of a case where an offer to suppress a witness is inadmissible. It was a virtual admission of the speaking of the slanderous words.

The charge in respect to the right of the jury to take into consideration the justification or mitigation set up in the answer, if it appeared from the evidence to have been set up wantonly and without cause is justified in *Dash vs. Rose*, 69 N. Y., 123. The damages are not excessive. The charges are directed at the plaintiff's profession, are so numerous and personal as to indicate great malice, if the words were untrue. No proof is given to show their truth and the case seems to show a malicious speaking of false words addressed to the plaintiff's competency as a physician, for the sole purpose of destroying his means of livelihood.

The judgment should therefore be affirmed with costs.

Court of Appeals, Second Division.

WM. J. CRUIKSHANK,
Respondent,
vs.
WM. GORDEN,
Appellant.

JANUARY, 14, 1890.

(Appeal from a judgment of the General Term of the second Judicial Department, which affirmed a judgment entered on a verdict.)

Since 1880 the plaintiff has been a practicing physician, and in November, 1883, he treated a servant employed in the family of the defendant, and afterwards treated his wife and children; and November 19, 1884, he was called to attend defendant's child, but his treatment being unsatisfactory, he was, at defendant's instance, superseded on the 25th of November by Dr. John Griffin. On the 13th of April, 1885, the defendant paid the plaintiff for his services. In August, 1886, this action was brought to recover damages for words alleged to have been spoken by the defendant on six different occasions

in respect to the plaintiff's competency to practice as a physician. No special damages were alleged in the complaint or proved on the trial.

A witness testified that defendant said: "That Dr. Cruikshank had treated his child for malaria when she hadn't the malaria at all; that he never should pay a cent; and wound up by saying if he hadn't employed another doctor, Dr. Cruikshank would have killed his daughter." (Fol. 77.) These words are alleged as the first cause of action.

Another witness who had a sick child then being treated by the plaintiff, testified that defendant said to him: "I had no right to take Dr. Cruikshank, he would not under any consideration take Dr. Cruikshank for a case; that he was no good; he was only a butcher; so I asked him why. He said his child was sick and he almost killed her, if he didn't call another doctor in; and he told me if I didn't get another doctor right away he would kill my child; that I would be the murderer of my child. He asked me: 'What sickness is it?' I told him he had diphtheria. He said: 'Oh, that is nothing at all; he would just as well take a case of diphtheria as he would drive nails in wood.' That he was no good. He asked me if I syringed the child's throat. I said no. He said every doctor gives a prescription, and if the child has diphtheria he gives a syringe; that Dr. Cruikshank was only practicing on my child; that he was killing my child." (Fol. 50.) These words are alleged as the plaintiff's second cause of action.

The husband of the witness last referred to testified that defendant said to him: "I should take another doctor; he would not have him for a dog; he wouldn't have him doctor a dog. He says: 'If I were you I would go for another doctor right off, because he is nothing but a butcher, and I shall do all the harm for him, because he doctored a child of mine, and if I hadn't got another doctor in he would have killed her.'" (Fol. 63.) These words are alleged as the third cause of action.

A brother of the last witness testi-

fied that defendant said to him: "Well, I told Mrs. Snyder to get another doctor, if she don't she will be the murderer of her own child; he doctored in my own family, and if I had'n't got another doctor my child would have died." (Fol. 73.) These words are alleged as the fourth cause of action.

Another witness testified that defendant said: "He (plaintiff) did attend in my family, but I had him for Mattie, and he nearly killed her; if I hadn't let him go he would have killed her; I wouldn't have him to a dog; he is no good." (Fol. 40.) These words are alleged as the fifth cause of action.

A witness testified that the defendant said to him: "I had better tell Mrs. Chapin if she wants to get better she had better get another doctor; that he would not have him attend a dog; that he had him attend his child; and if he had not got another doctor his child would not have lived. I afterwards went to Mrs. Chapin and told her." (Fol. 84.) These words are alleged as the sixth cause of action.

WM. ROSEBAULT, for *Pltf.-Respt.*

WM. J. GAYNOR, for *Def't. App'lt.*

FOLLETT, *Ch. J.*

Many of the statements testified to by the witnesses, and which the jury must have found were made by the defendant, imputed not a lack of skill in a particular case, but general ignorance of medical science, incompetency to treat diseases and a general want of professional skill. Such statements made in respect to a practicing physician are slanderous and actionable without proof of special damages. (*Secor v. Harris*, 18 Barb., 425; *Fitzgerald v. Redfield*, 51 Id., 484; *Bergold v. Puchta*, 2 T. & C., 532; *Lynde v. Johnson*, 39 Hun., 12; *South See v. Denny*, 1 Exch., 106; *Towns L. & S.* (3 ed.), Sec. 193; *Folk. Stark*, Sec. 88; 15 Am. L. Rev., 573; 19 Am. L. Reg. N. S., 465.) The point is made that defendant's statements all referred to the plaintiff's treatment of defendant's child, or that, at least, it was a question of fact for the jury to determine whether they were not solely with reference to that particular case. Much of the

language proved to have been spoken did not refer to the treatment of the child, but related to the plaintiff's general competency and fitness to practice as a physician, and so it is quite unnecessary to consider whether statements disparaging the treatment of a particular case are, or are not actionable without proof that special damages were caused by the words spoken.

The defendant denied in his answer the speaking of the words charged in the complaint, and alleged in mitigation that he described to three persons the plaintiff's unskilful treatment of his child, but that the words were not spoken maliciously, and further alleged: "In further mitigation of damages, defendant says that plaintiff is not sufficiently nor ordinarily skilful nor competent as a physician, and has no reputation as a competent physician, and never had." The defendant neither gave nor offered any evidence in support of this allegation. In response to a request to instruct the jury that they might consider this allegation and the defendant's failure to prove it, upon the question of damages, the Court read the allegation, and said: "If you believe the imputation in the answer upon the plaintiff's professional competency is unproved, and was inserted maliciously and without probable cause, you may consider such imputation in aggravation of damages. They had a right to plead that issue. If they fail on it and it was inserted in good faith, that would not tend to enhance the damages. But it remains on record, and if you find that it was put in wantonly and without cause, then you may consider that an aggravation of damages." To this instruction the defendant excepted, and now insists that it was erroneous, citing, in support of his contention, *Klinck v. Colby*, 46 N. Y., 427. In that case it was held that a plea of justification, and the failure of the defendant to attempt to sustain it, was insufficient evidence to warrant a finding that a *prima facie* privileged communication was composed and published maliciously; and it was further held that: "In an action for libel, where, under an answer to that end, the

defendant has shown that the communication was privileged, his further answer of justification by the truth of the charge, though without proof given to sustain it, may not be taken into consideration of evidence of malice and in aggravation of the damages." In reaching these conclusions, the learned judge made some observations which have led to the understanding that the Court intended to lay down a general rule that no unsustained plea of justification could, under any circumstances, be considered by a jury in determining the amount of damages which a plaintiff might recover in an action for defamation of character. But that it was not the intention of the Court, or of the learned writer of its judgment, to lay down a rule so broad as has been claimed is made apparent, we think, by reference to the judgment, rendered six years later, in *Distin v. Rose*, 69 N. Y., 122. In that case, an action for slander, the defendant charged the plaintiff with being a prostitute, and, among other defenses, justified the charge in his answer; but on the trial he failed to sustain his plea of justification, though he gave evidence tending to show that the plaintiff lived with a man as his wife with knowledge that he had a wife living. The Court was requested to charge: "There was nothing in the defendant's answer to enhance the plaintiff's damages." To which the Court answered: "That is for the jury to say." An exception was taken, the validity of which was considered by the Court. In considering this exception, the Court said: "The words proved to have been spoken imputed unchastity by the most offensive epithets. The answer alleged in express terms that the charge was true, and then specified facts that she had lived with a man as his wife, knowing that he had at the time another wife living. If there was an entire failure of proof to sustain the charge, and the jury believed that it was inserted in the answer wantonly or maliciously, and without probable cause for believing it true, they might consider it upon the question of damages, and it was right, therefore, to decline, as matter of law,

to charge that they could not so consider it. There was no intimation in this refusal that in this case they ought to so consider it, and the charge, on the contrary, intimated that the facts proved ought to be considered in mitigation of damages." Five of the judges who sat in *Klinck v. Colby*, including the writer of the opinion, sat in the case last cited, and we cannot assume that the judgment in the first case was unknown to the Court, or that it was regarded as in conflict with its decision in the latter case. The same rule was laid down in *Bennett v. Matthews* (64 Barb., 410), and its existence was not denied in *Doe v. Roe* (32 Hun., 628), but it was held inapplicable to that case because the evidence tended strongly to show that the defendant did not interpose the justification maliciously, but in good faith. Before the Code the rule was vigorously stated and applied in *Fero v. Ruscoe* (4 N. Y., 165). It has been uniformly held, before and since the Codes, that when a defendant pleads, in justification of the breach of his promise to marry, that the plaintiff has become unchaste, and on the trial makes no attempt to prove his plea, the fact may be considered by the jury in assessing the damages. (*Southard v. Rexford*, 6 Cow., 255; *Kniffen v. McConnell*, 30 N. Y., 285; *Thorn v. Knapp*, 42 Id., 474.)

None of these cases cited are decisive of the question under consideration, for, as is urged by the learned counsel for the appellant, the allegation quoted from the answer falls short of a justification, and is at most but a plea in mitigation. It is urged that pleas in mitigation, being authorized by the Code, cannot be considered on the question of damages.

The interposition of pleas in justification is authorized by law; nevertheless, as we think we have shown, courts have quite uniformly held that, if they were interposed in bad faith, the jury might consider the fact on the question of damages. The authorization, by the Code, of pleas in mitigation is not a license for their interposition in bad faith, and for the purpose of injuring the reputation of the plaintiff, and, when they are inter-

posed for that purpose, the fact may be considered by the jury.

Two physicians, who were sworn in respect to other questions, were permitted to testify that the plaintiff was reputed to be a competent and skilful physician. This was objected to by the defendant; but no ground having been stated, the exception is not available.

No error was committed in permitting the plaintiff to show that, between the date when the cause of action arose and the date when the action was begun, the defendant repeated the charges on occasions other than those set forth in the complaint. Nor was there any error committed in permitting the plaintiff to show that defendant had attempted to hire one of his witnesses to leave the country.

The judgment should be affirmed, with costs.

"All concur. BRADLEY and HAIGHT, J. J., in result."

H. E. SICKELS, *Reporter* (per C.).

A copy.

FOOD FOR BRAIN-WORKERS.

Dr. Frank Woodbury (*Dietetic Gazette*, May, 1890) concludes a brief but very interesting paper on "The Physical Basis of Intellect," with the statement that due regard must be paid by brain-workers, not only to the proper nutrition of the body, but also to the digestive capacity, and powers of assimilation of their own organism. If Goethe could eat as much as two ordinary men, indulge with impunity in puddings and cakes and drink two or three bottles of wine daily and still do a large amount of literary work, it does not follow that his example is to be followed, except by those who are constituted physically and physiologically like him. Others must ascertain for themselves the regimen best suited to develop their powers of intellectual labor and be governed in the quantity, quality and time for taking of food by the demands of their own organism.

—*Canada Med. Record.*

SUBSCRIPTIONS to the *Lancet-Clinic* may be commenced from any date,

Bibliography.

A TEXT-BOOK OF PRACTICAL THERAPEUTICS: With Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis.

By HOBART AMORY HARE, M.D. Philadelphia: Lea Brothers & Co.

The recent introduction of very important and potent new remedies, and the perfection of our knowledge of the pathology as well as the etiology of disease, has left the accepted therapeutic text-book of a decade ago in a very dim and musty shadow. In this work its brilliant young author has brought together and put in working shape a book that embodies in its pages the most recent advances made in our therapeutics. He practically says: Scientific research has so largely opened up to every one the possibility of using drugs with a distinct idea of the reason for their employment, that he has endeavored to bring together in a readable form the combined results of laboratory and bedside experience.

Practically, the work is divided into two parts, the one pertaining to drugs and their application to diseased conditions, the second to diseases and the drugs that have been found useful in their treatment.

We are quite pleased with the plan of the work, and also with the author's terse use of language in his composition; all unnecessary verbiage is absolutely eliminated, which goes very far in making it a practical students' book.

STRICTURE OF THE RECTUM: A Study of Ninety-six Cases.

By CHAS. B. KELSEY, M.D., New York. Illustrated.

The author has presented us, in a brief form, the result of his treatment of ninety-six cases of stricture of the rectum. There were fifty-one males and forty-five females; forty-four were affected with cancer; fifteen were venereal; twenty-five non-venereal; six doubtful; three congenital; two due to pressure; one spasmodic. Of the thirty-

two cases operated upon, seventeen were proctotomies, with two deaths; eight were inguinal colotomies, with two deaths; seven were excisions, with two deaths.

L. J. K.

INDECENT ADVERTISEMENTS.

A step in the right direction is that which has been recently made in England, and it is one which could be advantageously adopted in this country. The Indecent Advertisements Act, passed last session, expressly declares "that any advertisement relating to syphilis, gonorrhœa, nervous debility, or other complaint or infirmity, arising from or relating to sexual intercourse, shall be deemed to be printed or written matter within the meaning of the Act; and provides that the person who gives or delivers to any other person any such indecent picture, or printed or written matter, with the intent that the same should be so affixed, inscribed, delivered, or exhibited, is liable to a penalty not exceeding £5, or, in the discretion of the court, to imprisonment for not more than three months with or without hard labor."—*St. Louis Med. and Surg. Journal*.

THERE is an instructive lesson in the English mortality returns from tuberculosis for the last forty years. In the ten years from 1851 to 1860 the number of deaths from tuberculosis in persons from fifteen to forty-five years of age amounted to 3,943 in every million; from 1861 to 1870 it had fallen to 3,711; from 1871 to 1880 it was 3,194; and from 1881 to 1887 it did not exceed 2,666. The decreased rate is more marked in the female than in the male sex.—*Med. and Surg. Reporter*.

YOUNG wife: "John, I wish you would rock the baby." Young husband: "What'll I rock the baby for?" "Because he's not very well. And what's more, half of him belongs to you, and you should not object to rock him." "Well, don't half belong to you?" "Yes." "Well, you can rock your half and let my half holler."

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

A PRUDENT PATIENT.—M. de Montlurin, of Pont de Veyle, loved his bottle; he fell sick and called in a physician. The doctor was cruel; not only did he interdict wine for his client, but he prescribed hot water in large quantities. Madam de Montlurin, desirous of carrying out the prescription of the physician, soon after the departure of the latter, appeared at her husband's bedside with a large glass of limpid and beautiful hot water. The patient rose in bed and taking a swallow, commenced to gag; after handing the glass back to his wife, said reproachfully, "my dear, keep the remedy for another time. I have always heard it said that it is dangerous to trifle with medical remedies. Hand me the brandy and soda. If I must die, I do not desire death by drowning." The patient recovered without the hot water or a physician.

AN AQUATIC CONCOURS.—Several pupils of Trousseau were candidates for the same position for a hospital vacancy, and arrived at the doctor's home about the same moment, all bent on working his influence. Trousseau did not know to whom to give the preference, and accordingly, made the following proposition: "You see, my friends, I am greatly embarrassed by you all applying at once, and there is but one vacancy. I have a test to make. I will take a gallon pan of water, and on the bottom of it will drop a five franc piece. The one who will put his nose to the bottom of the pan and withdraw the piece of money with his teeth shall have the position." There was great consternation in the crowd of applicants, who all avowed themselves vanquished save one, *i.e.*, Doctor P. The latter got down on his knees in the position as-

sumed by Geromes' figures in the picture of the Japanese Embassadors before the Emperor, and after fifteen minutes' endeavor, arose with the money between his teeth. What was the mystery of his wonderful success? *He had swallowed all the water.*

LORD CHESTERDEANE'S TAPE-WORM.—An Aberdeen pharmacist had exposed in his shop window a glass jar containing an immense tape-worm derived from the English aristocracy. The family of the nobleman went to law with the man of drugs on account of the inscription on the bottle, which read:

"Tape-worm that belonged to Lord Chesterdeane, Member of Parliament."

The nobleman's family lost the suit, the court deciding that tape-worms did not belong exclusively to the aristocracy of Great Britain.

ERROR OF A HOSPITAL ATTENDANT.—Dr. I., passing through the Military Hospital, perceived the belly of Major K. to be tremendously swollen.

len. "Ah!" exclaimed the doctor, "you are very ill, Major. Your abdomen is swollen to excess. You appear to have dropsy." To which the Major retorted: "No wonder after that nurse gave me twelve-one-quart injections successively." The physician proceeded to inquire into the case, and discovered that the nurse in place of writing down one injection for number twelve, had written down twelve injections for number one.

MATRIMONIAL REPROACHES.—Madam G. once wrote from the provinces to her husband, the celebrated surgeon, who had been in Paris for several months, a letter concluding with these lines: "There is nothing new, my love, only Mesdames So-and-So are pregnant, Mesdames So-and-So desire to be in the same condition, while the Misses So-and-So fear they may be so. As for myself, I am not so, and shall die for shame at not being in the fashion."

[TO BE CONTINUED.]

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Original Articles.

SUPPLEMENTARY REPORT TO
A CASE OF CHOLE-
CYSTOTOMY.⁽¹⁾

A Paper read before the Cincinnati Medical
Society, September 9, 1890,

BY

RUFUS B. HALL, M.D.,
CINCINNATI.

Mr. President and Gentlemen:

I take this, the first opportunity, at the first meeting of this society after the summer vacation, to put the remainder of the history of this very interesting case on record. When I prepared the report of the case for the State Society meeting the patient was rapidly improving, with every prospect of a permanent recovery. I did not have an opportunity to present my paper at that meeting, from the fact that it was a volunteer paper and the regular program occupied all of the time. I read the paper before this society June 10, and it was published in the *Philadelphia Times and Register* soon afterwards.

The operation was made April 13, 1890, at 10 a.m. [For the details of the operation I will refer the reader to the published report.] Very briefly I will say: After making an incision through the abdominal wall we came upon the distended gall-bladder, which was aspirated and six ounces of gall removed. I then incised the gall-bladder and removed four gall-stones, which were laying loose in the bladder. On searching for the cause of the obstruction it was easily found, and proved to be a

stone impacted in the common duct, which was removed without difficulty. After probing with metal probes and then passing a No. 7 English male bougie through the common duct into the intestine and detecting no obstruction, the gall-bladder was stitched to the upper end of the abdominal incision and the abdominal wound closed in the ordinary way.

Thirty hours after the completion of the operation it was plainly evident that the patient could not long survive if the hemorrhage, which had existed from the time of the operation, could not be controlled. After gaining the consent of the husband I opened the abdomen to search for the bleeding point; this proved to be from the edges of the abdominal incision; there was no bleeding vessel, but oozing from every portion of the wound. This was controlled, and she went through the operation as well as the first. On the third day she retained liquid food, and on the fifth day she had a ravenous appetite. The stools showed the presence of bile from the first movement, which was on the fourth day.

On May 4, twenty-one days after the operation, the sinus where the drainage-tube was placed in the gall-bladder was closed, and remained so for more than a month, without the least inconvenience, pain or tenderness in the region of the scar or gall-bladder. The cholæmia had entirely disappeared, and the stools returned to their natural color within a few days after the operation, showing the presence of bile in the intestine, and remained the natural color for more than two months' time. She gained in strength and flesh every day, and was able to go up and down stairs and to superintend her household duties up to about the middle of June, when she

¹ Read by title at the Ohio State Medical Society, June 4, 5 and 6, 1890.

commenced to suffer from an uneasy sensation in the region of the gall-bladder. She lost her appetite; the tongue became coated; the stools, which had before been the natural color, now became lighter and finally putty color. In a few days after she commenced to complain there was a perceptible enlargement in the region of the gall-bladder. As this increased she suffered more pain, became restless, appetite almost wholly failed, and she lost flesh rapidly. Within a week after she commenced to complain there was an enlargement in the region of the gall-bladder the size of a closed hand, with every indication that she was again suffering with an obstruction of the common bile duct. The enlargement increased and commenced to bulge at the site where the drainage-tube had been placed. This was incised by her physician, Dr. Stevens, and a pint or more of bile discharged. This gave her relief, and through the wound there was a thorough search made for the cause of the obstruction, but no stone could be found. After repeated examinations it was believed that the cause of the obstruction was due to a contraction of the duct at the point where the stone was impacted at the time of the operation. Up to the time of her death the external wound closed about a half dozen times for a few days at a time. As soon as the wound would close the stools showed the *presence of bile*, and the patient felt some better until the gall-bladder became greatly distended, when she would suffer from the pressure until the adhesions gave way or it was laid open. These facts led us to more firmly believe that the obstruction in the common duct was due to a stricture, and not an impacted stone. After the gall-bladder discharged externally she felt better because relieved from pressure, but worse because deprived of bile. The last three weeks of her life the gall-bladder remained open externally and discharged freely. She died of exhaustion on the 24th day of August, four months and eleven days after the operation.

The autopsy was made the following day by Dr. E. S. Stevens. Present:

Drs. W. E. Shaw and C. B. Van Meter. The stone here presented was found in the common duct. The stone, as you will see, is about the same size and shape as those removed at the operation, and has no facets upon it.

A very interesting question in the history of this case is, where was this stone at the time of the operation? I think it was in the hepatic duct. My reason for believing that the stone found at the autopsy was in the hepatic duct at the time of the operation is the fact that I am certain that it was not in the gall-bladder, cystic or common duct. After removing the stones from the gall-bladder and the one from the common duct at the time of the operation, after probing the duct I passed a No. 7 English male bougie through the ducts into the intestine, as the physicians witnessing the operation will readily recall. After the operation, with the gall-bladder attached to the abdominal wall, a stone in the hepatic duct, in its descent the most direct course would be into the common duct, particularly when we remember that this was markedly dilated above the point where the stone had been impacted. Again, the subsequent history after the operation goes to prove that the common duct was pervious for more than *two months* after the operation.

Another question naturally comes up, why did we not make a second operation? This is an important one, which I will try to answer and give you my reasons for not operating.

The whole history of the case after the operation was one that would indicate stricture, and not an obstruction from a stone. When we recall the fact that the patient had an impacted gall-stone in the common duct for more than nine weeks before the operation, which probably caused ulceration at the point of impaction, it would not be an unreasonable thing to believe that the obstruction was due to stricture of the duct at that point; particularly when we recall the fact that at all times when the external opening to the gall-bladder was closed the stools showed the presence of bile at once, just as we would expect it to do in a case of stricture,

and not as we would expect it to do in a case of impacted stone. This, and the fact that we were unable to find a stone by careful and repeated examination, is what we took for fair evidence to found our diagnosis upon. Granting, then, that we had an organic obstruction in the duct near the intestine, I could see but one thing to be gained by an operation, and that would be an anastomosis between the gall-bladder and the intestine. This was carefully and fully considered by the physicians and family, but the patient had lost strength so rapidly after the relapse that any operative interference seemed like a necessarily fatal procedure. Again, the family were not favorably inclined towards an operation unless we could promise definite results, therefore an operation was not urged. If we had known that the cause of the obstruction was due to a stone in the common duct, we could have promised something more definite from another operation, as it would have been an exceedingly easy task to remove it.

While I know of no case similar to this one—and we were governed wholly by the case before us at the time of action—it has been a most valuable lesson to me, and I want to put it on record for the good it may do others. The one great lesson it teaches, above all others, is *exploration in all doubtful cases*. An exploration might have saved the patient's life, yet I doubt this very much, in her feeble condition; but it would have given her a chance, and we certainly would have urged it if we had believed the obstruction due to a stone.

The result shows that there are remote dangers following the operation for gall-stones, which may terminate fatally as in this case. After the operation this was a most promising case, and the patient was practically well when she took the relapse. The remote dangers or complications following this operation have not been mentioned in any of the reported cases or books at my command.

The case also illustrates that obstruction of the common duct, and thus depriving the economy of bile, will cause

the death of the patient in a comparatively short time.

[FOR DISCUSSION SEE P. 408].

UNITED TWIN CHILDREN, OR A DOUBLE CHILD.

BY

J. W. SNIDER, M.D..

FAIRLAND, IND.

I have a curious freak of nature to report to the profession. It is a double child, or twin children united together.

I was called to attend Mrs. W. on September 21, 1890, in her sixth confinement. Labor had hardly begun when I arrived—the os had barely commenced dilating. In the course of an hour labor became active, pains fairly strong, the head, which presented with the face under the pubic arch, coming down very slow. In about an hour the os became fully dilated and the membranes ruptured; simultaneously the pains became expulsive. With great effort the head was very slowly born. And then, though the pains were violent, no further progress was made in the delivery for nearly half an hour. By traction with the fingers in the axillæ, I succeeded in bringing down the shoulders. At this time I discovered a third hand, and supposed I had an ordinary case of twins, and that the trouble in the delivery was caused by the head of the second child engaging in the pelvis with the breech of the first, and had blocked up the way for its exit. I put the hand and arm back and made an effort to dislodge the head. During all this time labor was very active. The child that had the head born had gasped two or three times and was now quiet, and was fast becoming cyanosed. I became in a hurry, knowing full well the fate of the partly born child if labor was not rapidly completed. I noticed during the violent expulsive efforts that the head and shoulders of the child were being gradually forced up over the pubes, hugging tightly the mother's body, and that the child was greatly curved in at the back. I made an effort to assist nature in this leading, and pressed the body of the

child up close to and over the pubes. With this help, very slowly the hips of the first child turned out, but still remained fixed and fast to something yet to come. In a very few moments afterwards the breech of the second child appeared, and its body, shoulders and head rapidly followed, and the birth of a child, which in perfectness and symmetry is without a duplicate, was finished. It had performed a complete version in its birth, the only possible way for the double child to be born without mutilation.

The children are united by a broad sternum, which forks at about an inch from the top, leaving the bodies above free. The ribs arise from it for each child in common. This sternum apparently extends through, separating the thoraces of the two bodies. This union is such that the bodies, to the umbilicus, are immovably fixed on each other. The connecting part consists in the merging of the two bodies into one, and is almost as wide as the bodies of the children, leaving but a slight depression on each side. In the abdomen the walls are one as far as the umbilicus, which is placed at the termination of the union. The children are perfectly formed, and the limbs, etc., normally placed in every other respect, excepting one has a single and the other a double harelip and cleft palate.

A SUCCESSFUL STRIKE.

The strike of hospital internes at Ghent has resulted in a victory for the medical officers, and in future the management of the medical services will be under the control of the director and two senior members of the staff.

A LARGE FIRE.

ONE of Reed & Carnrick's extensive factories at Goshen, N. Y., was destroyed by fire on the 10th inst. This factory was devoted wholly to the production of their Soluble Food and Lacto-Preparata and contained extensive and valuable machinery. They had considerable stock of these Foods at their New York office, and consequently there will be no delay in filling orders. The factory will be at once rebuilt three times the size of the one burned, with machinery correspondingly enlarged.

—*Dietetic Gazette.*

Society Reports.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of September 9, 1890.

The President, C. R. HOLMES, M.D., in the Chair.

L. S. COLTER, M.D., Secretary.

DR. J. A. THOMPSON presented a specimen of a

Tooth and Portion of Socket taken from the Middle Meatus of the Nose.

Mattie N., aged eighteen years, came to the throat and nose clinic at the Miami College on September 6, 1890. From her mother I obtained the following history: The girl was healthy until she was vaccinated, when five years old. Vaccination made her very sick. An eruption appeared at that time on all parts of the body. Her eyes became affected, and she was completely blind for a time. Just how long the blindness continued I was unable to learn. When she was eleven years old she complained that the right nostril was closed. An eruption again appeared, and the glands in her neck became swollen. She was treated about two years at that time without much benefit. Mercurials must have been given freely, for she was badly salivated. Since the nostril was first occluded, seven years ago, she has had neuralgia on the affected side. The breath has been extremely offensive for three years. Four years ago, at a clinic in Pittsburgh, dead bone was discovered in the nostril. An attempt to remove it at that time failed. The family history was negative.

Examination showed the following condition: Both corneæ are clouded by linear opacities and maculæ. In both eyes the iris is fixed by posterior synechiæ. The uvula and part of the soft palate have been destroyed. The tonsils and pillars of the fauces show numerous cicatrices of old ulcers. In the nose the septum was much deflected to the

left. In the right nostril a white substance was seen in the middle meatus. It looked like a tooth lying horizontally in the nostril, with the crown forward. Its attachment was concealed by a number of exuberant granulations, such as always spring up around dead bone in the nose. It could be rotated up or down easily by grasping it with a pair of dressing forceps, but I could not dislodge it with them nor by the use of a strong pair of polypus forceps. Dr. Stevens, who was present, kindly loaned me a pair of strong sequestrum forceps. With them, by using considerable force, I dislodged the mass and brought it forward to the nostril. It was then seen to be the right lateral incisor tooth, with its root in a socket of and surrounded by a mass of necrosed bone. The mass was so large it could not be extracted through the nostril. I pulled the tooth from its socket; then, by putting one jaw of the forceps in the socket and the other over the edge of the bone, I broke it into pieces and extracted it.

The further progress of the case will be reported in the future.

DISCUSSION.

DR. LANGDON: The essayist has informed me that Dr. M. H. Fletcher has expressed his opinion that the case was probably one of displacement of the inter-maxillary (or incisive) bone during development. This seems a very plausible explanation, since persistence, partial or complete, of the pre-maxillary suture is not rare, even in our own race, and is frequently seen in some of the lower races—as in the North American Indians, for example. It is not necessary, however, that the displacement should have occurred *during* development, since separation due to necrosis is possible at any period, and when it occurred would most likely follow the sutural lines if persistent.

DR. JOS. EICHBERG: Supposing a portion of the maxilla had become necrosed from a mercurial stomatitis, it is easy to conceive how the tooth could be found in the middle meatus of the nose, for by the subsequent process of granulation it is possible for it to have been lifted there.

Glaucoma.

DR. C. R. HOLMES exhibited an eye removed from a patient suffering from confirmed glaucoma, causing uncontrollable pain. The eye had been blind seven years. The other eye was also glaucomatous; vision reduced to one-half. The point of interest in connection with this case was the fact that the father, mother and brother have all died from cerebral apoplexy, and in attempting to make an iridectomy in this eye (the patient objecting to an enucleation) a violent hemorrhage occurred from a ruptured blood-vessel in the bottom of the eye, speedily pushing out all of the vitreous, leaving no alternative but enucleation. Operation was performed under complete anæsthesia, all muscles relaxed, and corneal incision made upwards with a Graefe knife. There was no protrusion of the iris nor gaping of the lips of the wound. The lids were closed and covered with light cold compresses, preparatory to making an iridectomy. When ready the compresses were removed and the upper lid found to have a swollen appearance, and on opening the same normal vitreous was found to be slowly escaping through the wound. In a few minutes, when nearly all had escaped, the source of this became apparent, for a stream of bright arterial blood gushed through the cut. The point of great interest to the speaker was whether, with the family history given and the hemorrhage in the enucleated eye, it would be safe to attempt iridectomy in the other eye if other means should fail to control the disease.

DR. R. B. HALL read a paper entitled.

A Supplementary Report to a Case of Cholecystotomy (see p. 000).

DISCUSSION.

DR. EICHBERG: In coming in contact with these cases, the question is whether or not an operation is to be advised. The occurrence of gall-stones is not uncommon. They have frequently been found on the post-mortem table, where there were no symptoms present during life to indicate their presence.

It is only when there are symptoms produced by their passage into the intestines that the physician is called. Many cases of so-called intercostal neuralgia, affecting the right side in the region of the liver, are probably cases of gall-stones. A reliable test can be made by examining the urine for the biliary stain. This is often found within twelve hours after the acute paroxysm, and is of frequent occurrence where jaundice and other symptoms of biliary obstruction cannot be recognized. The presence of biliary coloring-matter in the urine, as recognized by the nitric-acid test, can be explained by the temporary nature of the obstruction in the biliary passages. As far as jaundice is concerned, it is, I am convinced, absent in many of the earlier attacks of individuals suffering from biliary colic; and, if reliance be placed on this sign alone, the diagnosis will be delayed, to the manifest injury of the patient.

Very large stones can pass through the common duct or by a biliary fistula. After a permanent biliary fistula, experiments on animals have proven that the animal rapidly dies with symptoms of starvation, even though abundantly fed, and it is not strange, therefore, that the patient should have failed so rapidly. There are many of the component parts of the bile which, in the natural course of events, undergo a resorption, so that they are not wholly lost to the economy. Moreover, the bile, as we know, prepares the way for absorption and assists in emulsifying the fats. When poured out through an external fistula, the digestion is impaired by just so much; and, though the food be acted on by other principles, yet, because of the deficient absorption, little benefit is obtained.

Evacuation of the gall-bladder commences with the taking of the meal. During the period between digestion the bile is being constantly stored in the gall-bladder, and undergoes concentration and becomes mixed with mucus, a large amount of which doubtless comes from the mucous lining of the gall-bladder. Reaction of bile normally is alkaline, but on standing in the air is changed to acid. Concurrent with this

change in reaction, there is a precipitation of the biliary acids and certain solid ingredients. This precipitation occurs normally in the duodenum from the contact of the bile with the acid chyme from the stomach, and the insoluble precipitate is carried off with the feces. Now it is possible to imagine that, with the concentration of the bile, any cause that will greatly diminish its alkalinity may lead to some precipitation, the solid matters thus falling down constituting the nuclei around which the calculi subsequently are formed.

Gall-stones are more frequently found in women than in men, and in women are often noticed after a pregnancy. One reason for this is, doubtless, the more sedentary life pursued by women, which leads to restricted oxidation of tissue and accumulation of fat. Such accumulation is especially liable to take place in the liver cells, and there may so retard the function of this gland that the formation of gall-stones is favored by an abnormal composition of the bile. The formation of gall-stones during pregnancy is thus easily understood—the enlarging uterus encroaching somewhat upon the breathing space, and, with this, the want of bodily exercise, which is carried to greater excess than common during the period of gestation. Exercise has its effect in promoting the elimination of bile, probably one reason for the less frequent occurrence of stones in man.

Diet evidently influences the production of bile; albuminous diet stimulates the production, starch and fatty foods diminish it. The greater the quantity of bile formed, the less likelihood of the formation of gall-stones, since cholesterin, one of the principal ingredients of biliary calculi, is, like other fats, readily soluble in bile. Besides, if a large quantity of bile be formed, slight causes that might otherwise disturb its alkalinity will not be likely to neutralize it so much as to lead to untoward results. Many alkaline waters are of great efficacy in treating gall-stones. Many of these waters act in two ways: (1) By the amount of water diminishing the concentration of the bile; (2) the saline ingredients of

the water stimulating the secretion of bile.

Recurring to the question of diagnosis, it has been recommended in doubtful cases where a tumor can be felt and other symptoms of obstruction exist, to puncture the gall-bladder with the aspirator or exploring-needle, so as to obtain, if possible, the metallic click of the instrument against the resisting stone. I know of no practice more heartily to be condemned than this, and for these reasons: (1) Bile is, of all the body fluids, one which produces most violent irritation when brought into the cavity of the peritoneum. With a gall-bladder distended from obstruction, the wound made by the passage of an aspirator needle, even of small size, may gape sufficiently to allow of the escape of a drop or two of bile into the peritoneal sac, an accident almost certain to be followed by a severe peritonitis; (2) very many gall-stones, though solid enough when dried in the air and at mean temperature, are, at the body temperature, and when surrounded by bile and mucus, of so soft a consistency that a sharp-pointed needle would enter them almost like wax, or would glide over them without eliciting that familiar and pathognomonic click that indicates the presence of stone in the urinary passages; (3) if obstruction be occasioned by a gall-stone lodged in the common duct, the chances are nine out of ten that we would fail to strike it at once with the needle; and the effort to continue the exploration is liable to carry the point of the needle into some of the great vessels lying in and adjacent to the portal fissures.

I have made a post-mortem where the stone was wedged in the common duct, but a passage for bile was still found at the side of the stone, a retention of bile in the gall bladder subsequently not resulting. A spontaneous cure sometimes takes place and I would advise to always wait until other methods fail before resorting to an operation. Much good can certainly be accomplished in many cases, even though obstruction be present, by a careful regulation of the diet, the use of alkalies in natural mineral waters, or administered pure, and by general tonic

treatment. The diet should prohibit all starchy, saccharine or oleaginous principles, and should consist largely of lean meat, of leguminous and green vegetables, and of the larger ripe fruits. Would always trust to medicinal treatment in place of resorting to such heroic measures as was resorted to in this case, unless the patient be at the last extremity.

DR. E. S. RICKETTS: The operative treatment of gall-stones is now receiving due attention, and to wait until hepatic colic is always present before resorting to cholecystotomy, is a very serious mistake. No true surgeon resorts to unnecessary operations. Nor has he as grave responsibilities resting upon his shoulders for "unnecessary operations" as he who in all cases trusts to nature and his little idol of a hypodermic—especially the latter—for a cure. We can have hepatic colic, which shows that an effort is being made to throw off the calculi. Following this we can have as a result peritonitis, with or without rupture of one or more ducts, causing death. On the other hand we can have disastrous results *not accompanied with hepatic colic*, coming from high irregular fever so characteristic of pus absorption. Such was the case in two empyematous gall bladders, and one of the gall-stone cases that I have had, where pus was found in the cystic and common ducts. Nature cannot cure all these cases. As much can be said of surgery; but with the present surgical procedure of dealing, more lives can be saved than to try to cure all by opium and time, along with salines, olive oil, phosphate of soda, etc. No surgeon cuts for stone of the kidney nor urinary bladder until satisfied that he has, in justice to the patient, waited long enough. The abuse of opium in these cases, as in peritonitis, pelvic cellulitis, etc., is something fearful to contemplate. This morning I saw a lady with pus tubes, insisting that the physician give her a hypodermic of not less than $\frac{1}{4}$ gr., adding that she could take two grains safely. Her attacks of pain, accompanied with the abuse of morphine, has been going on for five years, nor will it cease so

long as she can find doctors who will consult with her; she being the physician extraordinary to herself. We have this abuse in the closure of the common bile duct. The case of Dr. Hall's shows that the family postponed unduly the primary operation; even postponed refusing the operation that undoubtedly would have saved her life, unless the operator would promise a cure. The result in this case does not condemn the operation, but the post-mortem proved beyond a doubt its efficiency along with the disastrous results of delay. When the patient gained thirty pounds of flesh, following which the duct showed signs of closure, she was in a better condition to undergo the tertiary operation than when the primary, and secondary was made. These stones that Dr. Hall presents have no facets, showing that they had not come in contact for any great length of time. This, with the closed common duct, following the primary operation, is evidence that these calculi rolled out of the hepatic duct simultaneously, except the fifth, which unfortunately came along too late to be removed at the first sitting.

The fact that in five cases operated on by myself, not one had a history of hepatic colic—cancer being diagnosed in three out of five cases, by reputable practitioners—is in line of proof that the most serious cases are not necessarily accompanied by hepatic colic.

In the case of twenty-eight calculi removed, minus hepatic colic, where the case had fever of a remittent type, I operated at once, although the gall-bladder could not be felt—the main symptoms present being jaundice, enlarged liver, with clayish stools.

Dr. W. L. Mussey: As none of the members participating in the discussion have mentioned the operation of cholecystectomy in reference to this case, I thought it might be of interest to state what I have recently read on this operation, which was first performed by Carl Langenbuch in 1882. Then, and at different times since, he has reported in all, as far as I am able to learn, ten cases. Of these ten, eight cases recovered not only good health, but relief from painful symptoms as

well, for which the operation was made; of the two that were fatal, one died twenty-two hours after the operation, the other several days after from rupture of an old ulceration in the cystic duct near its junction with the common duct, which was probably overlooked at the time of operation. One of the cases classed as cures died shortly after from oedema of the brain; the other symptoms had, however, been entirely relieved.

His method of procedure, as described in the last edition of Koenig's "Surgery," is as follows: He first makes an incision of from twelve to fifteen cm. in length along the outer border of the rectis abdominis, at the upper end of which is made a second incision parallel to the lower ribs and along their border to the ensiform cartilage. The flaps are then retracted and the gall-bladder laid free from its connection with the colon and retro-peritoneal portion of the duodenum, so that the ducts are free to the touch and the presence of any stones in them can be determined. A stone in the common duct contra-indicates removal of the gall-bladder. If this is not the case, the next procedure is to separate the gall-bladder from the liver, so as to avoid hemorrhage. This may be controlled by the use of the thermo-cautery or use of catgut sutures. Finally, the separation must be continued till the gall-bladder hangs by the cystic duct alone. Any stones in this duct must be pushed backward into the gall-bladder. The cystic duct is then firmly tied by means of two silk ligatures thrown around it some distance apart. It is then divided between the ligatures, and the peritoneum is sewed over the stump by means of catgut ligatures.

I shall not go into the comparative merits of the two operations as set forth in Koenig's work, but shall ask your attention for a few minutes to a hurried glance at the cases mentioned above:

CASE I.

Woman, aged forty-two. Operated on July 15, 1882. Two stones were found in the gall-bladder. On July 27 the patient left her bed, and in November of the same year was still free from

pain and had gained considerably in flesh (*Berlin. klin. Wochen.*, No. 48, November 27, 1882).

CASE II.

Of this case I can find no particular account save that the operation was performed and the patient continued well and free from symptoms.

CASE III.

Man, age not given. Operation made in 1883. No return of symptoms, but died of œdema of the brain shortly after.

CASE IV.

Operated on in the beginning of 1884. This was the case which had an ulceration in the cystic duct near the choledochus, and died a few days after from rupture.

CASE V.

Man, fifty years old. Operated on September 5, 1884. Bladder full of various sized stones, also one in cystic duct. The gall-bladder was strongly adherent, and removal was difficult and accompanied by some hemorrhage. At date, December, 1884, patient was well (*Berlin. klin. Wochen.*, No. 51-52, 1884).

CASE VI.

Woman, aged forty-nine. Operated on May 16, 1885. An encysted stone was found in the cystic duct. Left the hospital June 4, 1885, well (*Berlin. klin. Wochen.*, No. 41, pp. 690-694, October 11, 1886).

CASE VII.

Man, aged forty. Operated on October 13, 1885. Fifty-five stones of all shapes and sizes were found in the gall-bladder, whose walls were much thickened and closely adherent to the liver. Left the hospital December 9, 1885, well (*Berlin. klin. Wochen.*, No. 41, pp. 690 seq., October 18, 1886).

CASE VIII.

Woman, aged twenty. With biliary fistula from preceding cholecystotomy, and losing large amount of bile daily. Operated on July 28, 1886. A stone was found in the cystic duct. Left the hospital August 21, 1886, well.

CASE IX.

Woman, aged forty-three. Operated on September 1, 1886. Three large stones, large as walnuts, in the gall-

bladder, and two encysted in the cystic duct. At date, October 18, 1886, in good condition, and ready to leave the hospital.

CASE X.

Woman, aged forty-three. Much emaciated and weak. Gall-bladder small, containing small amount of fluid and one stone, and closely adherent. Hemorrhage. Two cylindrical stones in the common duct, which could not be removed; one crushed with the fingers and the other with forceps, and fragments removed. Died in twenty-two hours. Post mortem: Pieces of broken stone in the hepatic end of the choledochus, and also one in the duodenal end; no concretions in the liver or hepatic duct.

DR. E. S. STEVENS: One of the questions that has arisen is, what was the location, at the time of the operation, of the stone which was removed at the post-mortem? The theory advanced in the paper was that it was in the hepatic duct and afterwards passed into the common duct. None of us can positively say how long it takes for these stones to form. It struck me that it had formed after the operation. The bile was acid at the time of the operation, and remained so for a short time afterwards. The theory has been advanced that stone is caused by an acid degeneration of the bile, and, with this theory in view, I do not see why this stone could not have been formed after the operation.

DR. JOS. EICHBERG: I don't think that stones ever form in the hepatic duct. In fifty cases in the Cincinnati Hospital where stones were found in the gall-bladder at the autopsy, in none was a stone found in the hepatic duct. I don't think that the flow of bile behind would admit of their being formed there.

DR. DE WITT: I would like to ask Dr. Hall if the hepatic duct was examined at the time of the operation. It would hardly be possible for a stone to form there without some distension. I would also like to ask if there was evidence of bile in the stools. If it were above the cystic duct, there would be bile in the stools.

DR. RUFUS B. HALL in closing the discussion said: In all cases of gall-stone the question which confronts us is whether or not an operation is to be advised. The facts that the occurrence of gall-stone is not uncommon, and that many cases are recorded where they have been found at the post-mortem in cases where there were no symptoms present during life to indicate their presence, and only a small number die from impacted gall-stone, or their symptoms become so urgent as to require an operation for their relief—it is fair to presume that up to the present time it is only the small minority of the cases suffering from gall-stone which really require an operation. But it is in these very minority cases in which I wish to urge an operation.

I will not take up the discussion of the diagnosis in these cases. This has been so thoroughly and ably discussed by Dr. Eichberg that it will not be necessary for me to do so. I quite agree with one of the previous speakers that in depriving patients of gall, it is not strange that they should rapidly fail and die as in the case reported. We all know the necessity of that fluid in preparing the way for absorption in the process of digestion. The medical treatment of a patient suffering from gall-stones can only be palliative. If the stones are passed it is wholly nature's effort. There is no remedy upon which we can rely to dissolve the stones, or force them into the intestinal canal. Therefore, in all cases suffering from gall-stones or distended gall-bladder in which life is endangered or health destroyed, an operation is indicated, and the operation should not be preceded by puncture of the gall-bladder by the aspirator or trocar in searching for the cause of the obstruction. I am positively opposed to any such procedure, but would make an exploratory incision as the safest method. From the exploratory incision we can go on and complete the operation if the case is one amenable to surgical treatment.

The advice given and followed by some of the previous speakers that they "would always trust to *medical treatment*, unless the patient be at the last

extremity, before resorting to operative measures, is radically wrong. It is a well-known fact that operations made upon patients in this extreme condition usually terminates in death. I want to urge the necessity of early operative interference in all cases suffering from distended gall-bladder, when there is a history of several week's suffering. These cases of recurrent attacks of pain or jaundice are the cases to operate upon early. They do not get well if left to medical treatment and nature only as a fortunate accident. To be sure, the favorable termination of the desperate case cited by one of the previous speakers, is a good argument in favor of the medical or palliative treatment for distended gall-bladder, and as he has referred to it I will give a short history of the case.

The case spoken of was one with a history of recurrent attacks of pain in the epigastric region, coming on at irregular intervals for about four years. For a year or more preceding his last illness, the attacks of pain were accompanied with a perceptible rise of temperature, and an enlargement in the region of the gall-bladder. He had a number of these attacks the last year of his illness. He was not confined to his bed but a few days at each attack, (except the last two), but he was conscious that he had a tender spot in the region of the gall-bladder which could be outlined and enlarged at times. In other words, there could be no room for doubt that the enlargement was anything else than the gall-bladder. The last year of his illness he was able to follow his work, that of a physician. Yet he had lost some thirty pounds in flesh, and suffered constant pain. He had at least two attacks of peritonitis: in the first one he had a temperature reaching 102° and 103° F. for days, and during the last one he had a temperature from 102° to 104° F. for many days, even weeks, with a gall-bladder distended to the size of a quart cup for days and weeks. Finally, when he had recovered from the peritonitis, and could move about the room with the gall-bladder yet as large as ever before, he went to Florida, and there the con-

tents of the suppurating gall-bladder emptied itself into the intestine and the man recovered — by the skin of his teeth.

This is a most instructive history, and one that appeals to us for surgical interference in these cases with more force and eloquence than any words at my command. For many weeks preceding the time that the pus was discharged in this case, this patient was in more danger than any patient submitting to an operation would have been. Nature will amputate a gangrenous leg; does the surgeon wait for such an amputation? That he recovered is an accident, which is not to be expected to occur again. I am informed by the patient himself if he was again afflicted in like manner, he would submit to an operation in place of relying upon medical treatment.

In reference to the operation of cholecystectomy in comparison with cholecystotomy, I will say that Thornton has made cholecystectomy a number of times, and has been the chief advocate of the operation since it was first advanced by Langenbuch in certain selected cases, but I am informed has discarded it except in a few selected cases. Now I much prefer cholecystotomy from the fact that a patient who has once had gall-stones may possibly have a recurrence; and if we make this operation with the gall-bladder stitched to the anterior abdominal wall, the patient has a safety valve, as it were, and can have a second operation without opening the peritoneal cavity. While in the operation of total extirpation of the gall-bladder, if the patient has a stone impacted in any of the ducts, there is no way of relieving them by an operation, therefore I should not make the operation of total extirpation of the gall-bladder unless I was compelled to do so from some injury to the gall-bladder or its under surface, at or near the cystic duct from ulceration or from an impacted stone, or perforation from some cause; then I think total extirpation would give the patient the best chance.

Regarding the question asked by one of the speakers, as to the location of the stone removed at the post-mortem

at the time of the operation, I have fully explained my position in my report of the case. I was of the opinion that it was in the hepatic duct at the time of the operation. In answer to the gentleman, that in fifty cases of post-mortems, dying from gall-stones, that not one of them had a stone in the hepatic duct, that does not prove that my case did not have a stone in the hepatic duct. Furthermore, he said that gall-stones did not form in the hepatic duct, that it was a physiological fact that they could not do so. Now, as a matter of fact, I want to say that they do form in that duct, as I am able to prove by citing the case of Dr. Wm. W. Seymore, of Troy, New York, where there were stones in the hepatic duct; not only one, but many. He reported a case at the American Association of Obstetricians and Gynecologists at Philadelphia last week. The patient, a woman some fifty years of age, had every indication of obstruction of the common duct. An operation was made, and no stones were found in the gall bladder, cystic or common duct, and it was believed that she had some malignant disease of the liver, as that organ was very much enlarged, and much harder than normal. In three weeks the patient was quite recovered from the operation. She grew worse as the disease advanced, and died several weeks later from the liver trouble. At the post-mortem, the hepatic duct was found to be blocked with gall-stones, not one, as in my case, but dozens of them, many of them extending to the smaller ramifications of the duct; some of them were of large size and some small. One stone as large as the end of the finger was found near the periphery of the liver. If this be true, and we have no doubt of that, then would it be impossible for the stone in the case I have reported to have been in the hepatic duct at the time of the operation? I think not. The fact that there are no facets upon the stones has some weight in sustaining the argument.

I do not believe we are justified in waiting for jaundice in these cases before operating, as many cases requiring operative interference do not have jaundice. After a history of repeated attacks

of pain in the epigastric region and over the liver and gall bladder, which is only relieved temporarily by treatment, and in all cases of obscure liver disease, an exploration is indicated. Many cases of gall-stone which could be cured by an operation, with but little danger attending it, are treated for malignant disease of the liver, and the patient permitted to die for the need of an exploration. Again, the ducts long blocked by the gall-stones, is a cause of malignant disease of the liver. Dr. Seymore reports seven cases of cancer of the liver where the ducts were blocked with stone, and I can add one to the list. Therefore, I want to enter an earnest protest against this long-continued palliative course of treatment, with hypodermic syringe and morphia, etc., in this class of cases. When it is evident that they are not going to recover from medical treatment and nature, it is then time for surgery to interfere, both for the good name of medicine and the welfare of the patient.

HYSTERICAL PARALYSIS.

Hysterical paralysis, one of the most prominent and characteristic members of that group of symptoms to which has been applied the general term hysteria, is, Dr. Preston says (*N. Y. Medical Record*, May 17, 1890), of cortical origin, but the cortical motor cells are not affected. The cause of hysteria may be bad training in childhood, over-indulgence, undue excitement, sudden fright and other like conditions. The pathogenesis of hysterical paralysis may be thus explained: Certain abnormal stimuli, or usual stimuli acting to an extraordinary degree, produce in the higher centres a condition of exhaustion, such that these higher centres are no longer able to stimulate the lower or motor centres to a degree sufficient to produce a discharge. Paraplegia is the most common form of hysterical paralysis, but hemiplegia is not uncommon, particularly following marked hystero-epilepsy. The diagnosis of hysterical paralysis is often most difficult, and hence sad mistakes in prognosis are made.—*London Med. Recorder*.

Selections.

OPERATIVE TREATMENT OF CARCINOMA OF THE RECTUM.

As to the part of a discussion of the subject of malignant disease of the rectum, I shall first say that the results of palliative and operative treatment cannot very well be compared, because each one serves its own limited field of usefulness. The palliative operations will be used where total extirpation of the carcinomatous tissue is either impossible or too dangerous to the life of the patient. Total extirpation should be resorted to whenever there is a possibility of removing all of the diseased tissue without taking the life of the patient.

We will first discuss the palliative operations, which all have the intention of doing away with symptoms of stenosis.

1. Linear rectotomy, as devised by Nélaton, and extensively practiced, especially in France, by Verneuil, Trelat and others, consists in division of the posterior wall of the rectum for carcinoma in the median line backwards to the coccyx, and is done with either the knife or the cautery, the cautery giving more security against hemorrhage and sepsis. The effect of the operation is often a very beneficial one, in reducing the frequent, painful passages to few and painless ones. As to its dangers, Verneuil estimates the mortality from the operation at about 5 per cent., and he states that the suffering from incontinence is small. This operation can only be made use of in low carcinomas, where the finger can reach the upper border of the tumor, and the peritoneal cavity is in no danger of being opened. It should be limited to cases where the wall of the bladder, the prostate gland, the uterus or the fornix of the vagina have been invaded by carcinoma, making total extirpation inadvisable. In regard to this matter, Esmarch states that in the majority of the cases of carcinoma low down, total extirpation is not only possible, but easy, and consequently ought to be preferred.

2. Opening into the rectum from the ischio-rectal fossa above the carcinoma, as devised by Marshall, is practically making a posterior artificial anus above the carcinoma. Spontaneous fistulous openings in this place had taught Marshall that relief from stenosis symptoms took place. This operation, however, has never been resorted to to any extent.

3. Curetting of the carcinoma with the sharp spoon and cauterization of the scraped surface with Paquelin's cautery is another method. The curetting was devised by Simon, and the cauterization of the curetted surface by Küster, who has practiced this method of late extensively. He advocates the method very strongly, saying that it affords great relief in inoperable cases. Of from twenty-five to thirty patients, only two died from peritonitis, and Küster estimates the mortality from the operation at about 8 per cent. Many of his patients lived more than a year, and in a comfortable condition. Küster has for years never performed colotomy in low carcinomas. The operation just described is applicable only to tumors low down in the rectum, because in the carcinomas above the line of the peritoneum, surgeons always run the risk of opening into the peritoneal cavity. Esmarch has seen cicatrization of a large carcinoma take place after this operation, but still calls attention to the dangers of hemorrhage and collapse following this method.

4. Lumbar colotomy, as devised by Amussat and Callisen, has been extensively practiced by English surgeons, but is now rapidly losing ground and being replaced by the more modern modifications of inguinal colotomy. The mortality from the old statistics was high, between 30 and 40 per cent. This mortality has decreased considerably of late, so as to enable Cripps to report fourteen cases without a death. There are certain objections to the method, sufficient to prevent its future use. Prominent among those objections is the difficulty of finding the colon and opening into it at a place not covered by the peritoneum. The descending colon frequently has a mesentery, and

it often necessitates great distension to find sufficient space to open into the bowel without opening the peritoneal cavity. The wound is always a deep one, and the artificial anus is in an inconvenient place for cleaning away the feces, except in patients who are unable to get out of bed. It is impossible to prevent part of the fecal matter from passing down to the carcinoma, and causing the usual irritative effect on the ulcerated surface; and consequently it does not relieve the pain and tenesmus. The advocates of the operation, such as Henry Morris, claim for lumbar colotomy a wider application, as, for instance, in carcinoma of the sigmoid flexure or lower portion of the descending colon, where inguinal colotomy would give no relief. Knies' modification of inguinal colotomy is practicable on the transverse colon as well as on the cæcum and ascending colon, thus making this claim of advantage somewhat doubtful.

5. Inguinal colotomy, as devised by Littré, or laparo-colotomy, is rapidly gaining favor. The mortality of the operation was in early times (Batt and Van Erkelen) even higher than in lumbar colotomy, being from 46 to 53 per cent. This was the consequence of opening into the peritoneal cavity without antiseptic precautions. The introduction of antiseptic methods here, as in all other intra-abdominal operations, reduced the mortality to the neighborhood of 5 per cent. König reports twenty cases with only one death from peritonitis; Cripps twenty-six cases with only one death.

The attempts to perfect inguinal colotomy had in view, besides guarding against infection of the peritoneal cavity, to effect complete evacuation of the feces in the place of the artificial anus, so as to prevent any fecal matter from passing down into the carcinoma, thus preventing irritation and painful tenesmus, and, furthermore, to facilitate the washing out of the carcinomatous bowel from above. Closure of the lower bowel, as devised by Madelung, was thus abandoned, and Knies' method, as modified by Maydl, is the one now-a-days mostly adapted to fulfill all the

indications. When it can be performed in two stages it must be considered almost without danger from peritonitis, and its advantages, as stated by König, are the following: The operation is done openly, mostly outside of the peritoneal cavity, no fecal matter can pass over the carcinoma, and this can be easily irrigated and kept clean.

6. The radical operation, that is, the total extirpation of carcinoma, should always be done when it is possible to remove all of the diseased tissue without too great danger to the life of the patient. It is the only hope of a radical cure, and a number of permanent recoveries are on record. In the earliest period only low carcinomas were operated upon, as the dangers to life became almost insurmountable the higher up the carcinoma was located. Modern modifications, especially the sacral method of Kraske, has greatly reduced the dangers for the high carcinomas. The removal of part of the sacrum or its osteoplastic—that is, temporary—resection, as devised by Hochenegg, gives ample space for the removal of carcinomas even above the rectum and in the lower portion of the sigmoid flexure. Nevertheless it cannot be disputed that a considerable amount of preliminary operating in the high or sacral operation causes additional danger from hemorrhage, collapse and peritonitis in patients already reduced in vitality by the disease. If we want to consider the danger of the radical operation for carcinomas from a statistical point of view, we meet with a difficulty yet in the literature that the authors did not distinguish sharply enough between high and low operations.

In comparing the low and high operations, we find that the enormous mortality, before Volkmann's time of over 70 per cent., has come down to 36 per cent. By comparing statistics from the literature in 1887, I have collected 272 cases, with a mortality of 22 per cent. In the hands of other operators, however, after that time the mortality has been lowered considerably. Thus König gives us a mortality of his operations, for the last

six years, of 16 per cent., and von Bergmann gives us a series of forty-six operations, with only three or four deaths; Cripps thirty operations, with two deaths; Hochenegg twelve operations (from Albert's clinic), with no deaths; Bardenheuer thirteen cases, with two deaths. It may be reasonable to conclude that the mortality of to-day, with proper selection of cases, may be estimated at between 10 and 15 per cent.

As to the number of radical cures, it is impossible from the literature to give an estimate, but I should expect a radical cure in about 10 per cent. of the patients that survived the operation.

As to the functional disturbance, comparatively little is known, from the fact that little mention is made of the patient's condition in after years. König takes a rather gloomy view of the condition of those patients, and states that the functional results after the high operation are better than those after the low operation. Of twenty-one patients, he considers fifteen in an unsatisfactory state; always unclean except when constipated; and only six had tolerably good power of retaining the feces. Von Bergmann takes a brighter view of the condition of such patients, and so do most other authorities; so much so that the functional condition of the patient is not permitted to interfere with the choice of operation between palliative and radical when there is a possibility of saving the life of the patient with the latter method.—CHRISTIAN FENGER, M.D., *Med. and Surg. Reporter*.

ACCIDENTALLY AMPUTATED FINGER RESTORED.

On April 9 I was called to see a girl, four years old, whose mother informed me that the child's forefinger had been jammed between two heavy doors while one of them was being violently closed by an older sister. This accident resulted in severing the finger at a point on the distal side of and near to the last inter-phalangeal articulation. When I arrived, one hour and ten minutes after the time of the occurrence of the accident, I found the bone (the last phalanx) protruding about one-quarter inch

beyond the soft parts, though looking well and its continuity unbroken. The separated end, consisting of soft structures and the nail, had been preserved, with the nail—root and all—in *situ*. It had been considerably contused, though retaining nearly its normal form, and it was quite cool. Although it was a great question whether union should be obtained if the missing end of the finger were replaced, I at once decided to make the attempt. It was placed in a warm bichloride solution, strength, 1 in 2,000, for a few minutes, and then carefully adjusted to the finger from which it has been severed, applying simply two pieces of adhesive plaster to keep it in position. Iodoform, bichloride gauze, a straight splint for the whole hand and a roller bandage completed the dressing. At the end of four days the dressing was removed, excepting the narrow strips of plaster, which were allowed to remain for the reasons that there was no pus visible and the tip looked quite as well as it did when it had been replaced. The same dressing was re-applied and the whole was left undisturbed for ten days. On April 15, the entire dressing was removed, and, to my surprise, primary adhesion, though perhaps feeble, had taken place everywhere, excepting for about one-half of the width of the finger on its palmar aspect and towards the inner side, where there was found a small amount of pus, preventing union. The dressing was now renewed daily, the fragments becoming gradually firmly united. At the seat of abscess a little pus continued to form for about three weeks, healing of the wound here taking place by granulation, to the depth of not more than one-eighth inch, however.

While the reparative process was going on, the nail continued its normal rate of growth, apparently, and in the most natural direction. At the end of four weeks, or about the time union was complete, there occurred an exfoliation of a dense, almost horny, layer of about the thickness of true derm, over that portion of the finger end lying just beyond the point corresponding to the seat of the small abscess. This occurred twice, and, to my mind, served to show

that the extremity of the tip in this vicinity had not been well enough supplied with nutrient material, owing to delayed union at the point mentioned above. As was to be expected, this peeling off gave the finger tip a somewhat shrunken appearance over the same area. On the whole the result was highly satisfactory.

The favorable termination in this case serves to point out the great physiological activity of the healthy child's tissues, on the one hand, and the all-important fact that the surgeon should boldly attempt to save all damaged structures, especially among children, on the other hand. My chief reason for reporting this case is that I had observed on several occasions fingers sacrificed, on account of similar injuries, by most excellent surgeons.—J. M. ANDERS, M.D., *Med. and Surg. Reporter*.

THE PATHOLOGY AND OPERATIVE TREATMENT OF GOITRE.

Dr. Berry (*Birmingham Med. Review*, June, 1890) divides innocent forms of goitre into two classes—those in which the whole gland is more or less uniformly enlarged, and those in which the enlargement is due to the development of one or more definite cysts, or solid tumors, generally in one lobe only of the gland.

The former is usually met with in young people, and may be regarded as the first stage in the development of nearly all goitres. The goitre consists in some cases of a mere hypertrophy of all parts of the gland, but in most the enlargement is due chiefly to increase in the amount of colloid material in the thyroid vesicles. Each vesicle, instead of containing a small amount of colloid material, as in the normal gland, is much dilated and contains a greatly increased amount of secretion. In fact, it would be correct in most cases to look upon the enlargement as being due to a hypersecretion of colloid material into all the vesicles of the gland. There is also some increase in the connective tissue and glandular elements. That this hypersecretion is brought about, in

the great majority of cases, by some material introduced into the body by means of drinking-water, admits of but very little doubt. This form of goitre rarely produces any very serious symptoms, although sometimes these arise from pressure upon the trachea, recurrent laryngeal nerves, and other structures in the neck. Death may result from pressure upon the trachea. As a rule, goitres involving the whole of the gland compress the trachea in such a manner as to cause lateral rather than antero-posterior flattening.

The operative measures for the cure of parenchymatous goitre, excluding injections, the use of setons and ligature of the thyroid arteries, which the author regards as worthy of discussion, are the following:

1. Division of the isthmus with or without removal of a portion of it.
2. Resection as recently introduced by Mikulicz, of Cracow, which consists in removing all the goitre except a small piece on each side of the trachea.
3. Extirpation of one-half or more of the gland.

Division of the thyroid isthmus was first performed in this country by Mr. Holthouse, at the Westminster Hospital, in 1874; but for some years it attracted little or no attention until revived by Mr. Sydney Jones, of St. Thomas' Hospital, in 1883, since which it has been extensively practiced. Mr. Jones pointed out that the operation not only gave relief to the dyspnoea, but caused a remarkable diminution in the size of the goitre by inducing atrophy of the lateral lobes. Mr. Berry does not endorse the view that the relief to the dyspnoea is due to the mere mechanical separation of the two halves of the gland, but to the shrinking of the lobes which follows the operation, consequent on the oozing away of the viscid colloid secretion contained in the vesicles of the gland. He has noticed that division of the thyroid isthmus in truly fibrous goitre gives little or no relief to dyspnoea, and is not followed by diminution in the size of the growth as in the more common colloid variety. The relief afforded by the division of the isthmus in the colloid variety may

be permanent, but frequently the goitre reappears when the wound has healed and the secretion is again pent up in the gland. In many cases where very urgent dyspnoea is present a mere division of the isthmus will not afford relief sufficiently quickly. It is then necessary to do some further operation, either tracheotomy or the removal of a considerable portion of the goitre, the latter being the more advisable.

Resection, as performed by the Polish surgeon, Mikulicz, is particularly suited to parenchymatous goitre. He performs the operation in the following manner: He first isolates one lobe of the goitre in the ordinary way, as if he were about to remove it, but takes care to leave untouched the connections on the inner side where it is in contact with the larynx, trachea, and recurrent laryngeal nerve, and where the inferior thyroid artery enters. In this region a good-sized piece of gland—enough to carry on the functions of the organ—is left intact, all the rest of the lobe being cut away. The same proceeding is then executed, if necessary, on the other side of the neck. In this operation the dangerous region above mentioned is not interfered with, consequently there is no fear of injuring the recurrent nerves. The goitre is almost completely removed, but the small portions left behind obviate any danger of the super-vention of cachexia strumipriva (so-called artificial myxœdema). Twenty-three cases of this operation are reported in Langenbeck's "Archives" for 1888. In twenty the wound healed by first intention; in two suppuration occurred, which delayed the healing process; and one patient died from recurrent hemorrhage, the ligature having slipped from the superior thyroid artery.

The remaining operation, which may be performed in bilateral parenchymatous goitre, viz., removal of one lobe of the gland, is more easily performed than any operation by which large portions of both lobes are removed. It has the disadvantage, however, that the opposite lobe almost always undergoes some degree of subsequent hypertrophy, causing displacement of the larynx and trachea.

The second class, which may be termed unilateral goitres, never consist of simply hypertrophied gland tissue. The enlargement is due in all cases to the development in the gland of one or more distinct tumors, either cystic or adenomatous growths of some kind. They less often cause death by suffocation than do bilateral parenchymatous goitres. Still they are frequently a source of considerable inconvenience, and even of some danger, to the patient. Hence at times they call for removal, and this may be performed with very little danger. There are two methods of operating, enucleation and extirpation. The former consists of removal of the tumor alone from the interior of the gland, everything else being left behind, and is applicable only to those cases in which the goitre forms a well-defined tumor embedded in the gland. The latter consists in removing the whole of the affected lobe of the gland. The author gave details of cases in which he had operated for unilateral goitre by enucleation, and also one case of extirpation, the tumor weighing eighteen ounces, the results in each being satisfactory. The discussion of other methods of treating cystic goitre by tapping, injecting, etc., was outside the scope of the paper.

—*London Med. Recorder.*

EXOPTHALMIC GOITRE.

When the classical triad of symptoms—rapid heart, protruding eyeballs, and enlarged thyroid gland—is present, nothing is easier than the diagnosis of the affection to which English authors attach the name of Graves, and German writers that of Basedow. Quite different is it however, if one or more of these signs should be absent or so slight as to escape notice unless searched for. The writer of this article remembers very well a case in his early practice which he mistook for phthisis on account of the repeated occurrence of hæmoptysis; and he has now under his care a case also attacked by pulmonary hemorrhages, which had been variously diagnosed as phthisis, nervous dyspepsia, and hypertrophy of the heart.

These two cases further agreed in the absence of exophthalmos, and in the fact that the thyroid enlargement was not perceptible upon casual observation, being hidden by the clothing of the patient, and very slight withal.

The early recognition of the affection, however, is a matter very often of prime importance; for it may be stated that, as a rule, the favorableness of the prognosis as to cure varies inversely with the duration of the disease. The difficulty of diagnosis is sometimes as great when the goitre presents itself as a prominent symptom, as when the goitre must be sought for; the most important of the three symptoms being the disturbed condition of the heart. In any case of overacting heart, especially in a neurotic subject, and more especially when associated with other phenomena of vasomotor ataxia, Graves's disease should be taken into consideration in the diagnosis and should not be lightly excluded. Even in the absence of demonstrable goitre, a thrill felt within, or in the immediate neighborhood of, the suprasternal notch, associated with a soft systolic blowing murmur, though not pathognomonic, is significant. When this symptom is found, careful observation will often bring to light the existence of a condition of intermittent enlargement of the thyroid gland, which would render the diagnosis certain.

Seeligmueller (*Deutsche medizinische Wochenschrift*, May 29, 1890) has collated the most recent observations upon the symptomatology, pathogeny, sis, and therapy of the disease. According to this author, tremor, to which attention was first directed by Charcot in 1883, has assumed considerable importance as an initial symptom; thus Lewin observed it in thirteen out of twenty-seven cases as the first manifestation of the disease. One of his patients, a boy of nine years, after a severe fright suddenly exhibited muscular trembling and stuttering speech, while the full clinical picture of exophthalmic goitre did not present itself until the patient reached his seventeenth year. In the case of an hysterical girl, seventeen years old, who came under the

writer's care, at the medical clinic of the Jefferson Medical College Hospital, nystagmus had existed since childhood; goitre and cardiac disturbance suddenly developing after a fright consequent upon a fall from a step-ladder. In this case exophthalmos developed under observation.

Diminution of electrical resistance of the skin, first observed by Vigouroux and confirmed by Charcot, Eulenberg, von Martius, and Kahler, while not pathognomonic is an important symptom. It is plausibly attributed to increase of moisture the result of insensible perspiration. Irregular temperature is another indication of vasomotor instability which may be an aid in the diagnosis. Complications with epilepsy, tabes, ophthalmoplegia externa, irregular bulbar paralysis, polio-encephalitis, paralysis of the limbs, diabetes, polyuria, hysterical paralysis, etc., are reported. The importance of hysterical symptoms in diagnosis has long been known.

Of the more recent theories of pathogenesis, only two demand attention: that which places the origin of the affection in the medulla, and that which seeks it in the thyroid gland. Durdafi has repeated Filehne's experiment upon animals and has succeeded in producing protrusion of the eyeball by section of the medulla at the level of the auditory nucleus, though he was not able, as Filehne was, to produce goitre and cardiac disturbance.

Hale White has reported the results of an autopsy on a patient who died from pneumonia, after having for years suffered with exophthalmic goitre, in which he found in the floor of the fourth ventricle a number of small hemorrhagic infarcts. These he attributed to the influence of the circulatory sequellæ of the pulmonary inflammation, upon a plan of lowered resistance.

Paul Moebius first put forth the idea that disturbance of thyroid function is the primary stage in the general clinical features of the affection, thus making the disease correlated with myxœdema and cachexia strumipriva. Gautier upholds this theory by citing cases in

which surgical operations upon the goitre have caused the disappearance of all symptoms. The study of early cases, however, must negative this view—at least in the eyes of the clinician.

In the matter of therapy, recent contributions do not help us much; although instances of recovery under various methods of treatment continue to be reported. In our own experience, picROTOXIN, as recommended by Bartholow, has proved of service.—*Med. News.*

CANNABIS INDICA IN GASTRIC NEUROSES AND DYSPEPSIA.

Cannabis indica is a remedy which a few physicians esteem highly and use frequently, but which many scarcely ever employ. In migraine, it is true, its value is well established; but though it is very serviceable in diarrhœa, intestinal colic, dysmenorrhœa and as a stimulant to the appetite, there is reason to believe that its efficacy in these affections is not known and is seldom invoked. It is pleasant to note, therefore, that Germain Sée, the eminent French physician, whose studies of the pathology and treatment of dyspepsia have become famous, has at length made a study of this drug. In a communication to the Académie de Médecine, July 22, 1890 (*La Médecine Moderne*, July 24 and 31, 1890), Sée gives: first, the pharmacology of the drug; second, a clinical comparison of the gastric dyspepsias and neuroses, and third, the indications for using cannabis. The paper is interesting throughout, but only the third part can be reviewed at present.

Sée's experiments have been made with the oily extract, of which he gives five-sixths of a grain daily, divided into three doses, in the form of a potion. More than this, he says, exerts a toxic action. The chemical principles of cannabis, such as the tannate of cannabine and cannabion, have given results neither precise nor favorable, doubtless because they are not the true active principles. The affections of the stomach in which the extract has been tested, have been chiefly the non-organic. Sée divides them into two groups. The first comprises the chemical alterations of the

gastric juice, including increased hydrochloric acidity, the most frequent condition in all dyspepsias; hyperacidity of organic acids (lactic and acetic); and absence of acidity. The second group includes the gastro-intestinal neuroses which occur without any chemical alteration of the gastric juice.

Sée finds that cannabis constantly allays the painful sensations and re-establishes the appetite in whatever condition pain and anorexia occur. If, however, they depend upon an excess of hydrochloric acid, it is absolutely necessary to aid the action of cannabis by the use of large doses of bicarbonate of soda, given at the end of stomachic digestion, that is to say, about four hours after food had been ingested. Cannabis exerts no influence upon atony and dilatation, except perhaps of the stomach. These conditions rarely yield unless it be to lavage and hydrotherapy. It does act favorably, however, upon spasm of the stomach and vomiting of a nervo-motor kind. Upon the production of gas it appears to have no direct influence, but by promoting eructations it exerts a useful action in expelling the gas, and, still more, in stopping the pain which occurs in pyrosis resulting from the gas evolved by fermentation. Sée finds, moreover, that stomachic digestion is favored by cannabis when it has been retarded from deficient nerve power or is painful from excess of hydrochloric acid. It effects no improvement in digestion when there is deficiency or absence of hydrochloric acid, though it may render digestion less painful.

As to the remote phenomena of gastric affections, such as vertigo, migraine, insomnia, palpitation, and even dyspnoea, cannabis often removes them entirely; but it in no degree modifies the nervous dispositions which appear as hypochondria, hysteria, or neurasthenia, notwithstanding these states often have their point of departure in affections of the stomach, either chemical or nervous.

From this brief résumé of Sée's paper, it will be evident that cannabis in disorders of the stomach acts pre-eminently as a sedative, and if the observations referred to are as reliable as they

appear to be, it is a sedative without the inconveniences of narcotics, such as opium and chloral, of absorbents, such as bismuth, or of such general sedatives as bromide of potassium, or even of antipyrin, all of which affect digestion unfavorably. Of course the use of cannabis is not intended to replace that of other curative methods or remedies, but largely to relieve the discomforts of painful and difficult digestion, and to improve the appetite, until the dyspepsia is cured.—*Med. and Surg. Reporter.*

TROPHO-NEUROSIS AS A FACTOR IN THE PHENOMENA OF SYPHILIS.

Lydston (*Medical and Surgical Reporter*), regards syphilitic fever as the result of the action of the poison on the sympathetic ganglia, and explains its inconstancy by idiosyncrasy. That only some individuals suffer eruptions from the ingestion of certain foods and drugs is an analogous fact. Roseola is like other syphilitic phenomena in being dilatation of the capillaries, without localized collection of syphilized cells. The symmetry of the later manifestations is also to be explained by the effects of the poison on the vaso-motor and tropic centres; and the proneness of the papillary layer of the skin to suffer is due to the narrowness of its blood capillaries and their intimate connection with the lymphatics. Lastly, the alopecia, the extensive piebald character of which is so pathognomic, is a neurosis rather than the effect of eruptions locally. Certain debilitating fevers and neuralgia produce malnutrition of the skin, and the hair of the scalp is apt to blanch or fall, as it is an epidermal tissue of low vitality and with an inferior vascular supply than those of other parts of the surface. The cervical ganglia, and especially that which gives the filaments distributed with the fifth cranial nerve, appear to be far more prone to the attacks of the poison than those of the trunk, and the affinity of the syphilitic process for the iris is possibly due to the largeness of its sympathetic supply. The author urges that mercury and iodide of potassium act by promoting

fatty degeneration and then elimination of the syphilitic products, rather than by antidotal effects. The former acts on the sympathetic centres, as is shown by the ptyalism it excites—mere local irritation not being a sufficient explanation. He finally compares the effects of the syphilitic poison on the cervical sympathetic to the results produced by the destruction of the centre in animals, which are so well known to the experimental physiologist.—*London Med. Recorder.*

OBSERVATIONS ON THE PROPORTIONS OF THE CHIEF PROTEIDS OCCURRING IN THE URINE IN VARIOUS FORMS OF ALBUMINURIA.

In the *British Medical Journal* for July 26, 1890, Dr. Noel Patton and Messrs. John Douglas and Ronald MacKenzie publish an elaborate analysis of the different proportions of the more important proteids occurring in the urine in various forms of albuminuria. They conclude with the following summary of their results:

1. Senator was right in the conclusion that, in all cases of albuminuria, both of the chief proteids of the blood plasma are present.

2. The proportions of serum-albumen and serum-globulin may vary within wide limits, the quotient of the amount of serum-albumen divided by the amount of serum-globulin being sometimes as low as .6, sometimes as high even as 39.

3. In acute nephritis, when blood is absent, the quotient is high. When hæmoglobin is present, the globulin is, of course, in excess.

4. As the disease becomes more chronic the quotient sinks, and in the terminal stages of the disease may sink as low as .6. This alteration depends upon the condition of the patient rather than upon the state of the kidney, and is probably related to a similar change in the blood plasma.

5. Amyloid disease cannot be distinguished from the ordinary forms of chronic nephritis by the high proportion of serum-globulin, as was formerly maintained by Senator.

6. Maguire's suggestion that functional albuminuria is characterized by the high proportion of serum-globulin is not correct.

7. In every case the proportion of the proteids to one another varies much in the course of the day, and in comparing the proportion of these proteids in different cases it is necessary to examine specimens of the mixed urine of the twenty-four hours, and to take into account the nature of the diet.

8. The proportion of serum-globulin is always highest during the night. It falls greatly after breakfast, when it reaches its lowest point in the twenty-four hours. In most cases it again rises in the evening. The precise connection of the alteration in this proportion with the taking of food cannot be considered as definitely settled.

9. Milk diet, as observed by Lecorché and Telamon, has a peculiar effect in increasing the proportion of serum-albumen.

10. The amount of proteids passed appears to bear a tolerably direct proportion to the amount of proteids taken, and, excluding milk diet, the increase of the proteids in the urine on a diet rich in these substances appears to be chiefly due to an increase in the serum-albumen.

11. The variations in the proportion of the albumen to the globulin in the urine is frequently so great that we can hardly believe that it is connected with a similar change in the plasma. The few experiments we have performed would suggest that a high pressure favors the transudation of serum-albumen, while a low pressure increases the proportion of globulin transuded.

PYROSIS OR WATERBRASH.

Dr. Carter (*Practitioner*, May, 1890) endeavors in this paper to obtain a clearer notion of what is meant by pyrosis, and gives this definition: "A paroxysmal condition, rarely occurring before puberty, generally beginning with pain in the epigastrium of variable severity, increased by movement, especially in the erect posture, but often

relieved temporarily by complete rest and relaxation of the abdominal wall. This is followed after an uncertain interval by the discharge of fluid from the mouth, by an act which is quite distinct from free vomiting. There is no nausea and no effort." The fluid ejected is thin and watery, clear or nearly so, mawkish taste and alkaline in reaction, varying in amount from a spoonful to a pint or more. Ferric perchloride causes it to become darkened. Pyrosis may be neural in its origin, or due to food, or gastric disease often of a serious nature. Dr. Carter does not agree with those authorities who trace the fluid to the secreting apparatus of the stomach; on the contrary, he believes it always due to paroxysmal secretion of the saliva and due to a nervous reflex, the stomach being often dilated, and regards pyrosis as a neurotic affection of reflex origin, characterized by paroxysmal salivation, and due to peripheral irritation generally proceeding from the stomach, but not unfrequently from other parts, especially the pelvic generative organs of females. As regards treatment opiates are valuable judiciously administered, but saline aperients and enemata are needed to clear the system generally. Carlsbad salts every second and third morning, with sodii phosphatis 3i, sodii bicarb. gr.x., in bitter infusion an hour before each meal, often answer admirably. In severe cases washing out the stomach is often necessary. For diet milk diluted with half its bulk of hot water is best, and the addition to each pint of the following powder, sodii bicarb., ʒi, sodii chlor. ʒj, magnes levis gr., is desirable for a time.

—*London Med. Recorder.*

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Cincinnati, October 4. 1890.

The Week.

THE NATIONAL PRISON CONGRESS.

This organization has been in session in our city during the past week. The members as a body are endeavoring to act together in the good work they have undertaken in the way of devising reformatory measures. The improvement of prison discipline; and the prisons themselves, have been live themes in the discussions. The work of the members is in a line with that of the progressive, public-spirited men of the medical profession. The physician, clergyman and intelligent philanthropist each find their peculiar work at all times interdependent one on the other for success.

Dr. Hal C. Wyman, of Detroit, reported on the work done by the Michigan State Board of Corrections and Charities, of which he is an active member. At a recent meeting the following action was unanimously taken:

Resolved, That this Board advise the Boards of Control of the Asylums, Prisons, Reformatories, the State Public School and Industrial School for Girls,

the Institution for the Deaf and Blind, to appoint a consulting medical staff consisting of a surgeon, ophthalmologist, aurist, neurologist and gynecologist, in connection with each institution, excepting those to which males only are admitted, where a gynecologist will not be needed. That these officers be known as consulting surgeons, aurists, etc., in the records of the institutions; that they be paid only for visits to the institutions, and that those visits be subject to the call of the superintendents, wardens, or other chief officers, or the Board having the institutions in charge.

We are greatly pleased that a man of the professional standing and broadly catholic spirit of Dr. Wyman should take up this subject and set it in motion in the channel he is in, and where its inauguration will be followed by the greatest possible good. The recommendation of such staff appointments by the Michigan State Board of Corrections and Charities carries with it the moral force and influence of a law in that State.

The State of Ohio is without such a Board, but as the above resolution directly pertains to the sanitary and physical welfare of the inmates of all houses of charity or correction, it is clearly within the province of the State Board of Health to take similar action, and also to use the influence of the Board, the members of which are all physicians, to have laws enacted by the Legislature for the carrying out of this laudable measure.

The utility of a visiting staff to the great asylums for the insane, the blind, the deaf and dumb, and other institutions, including the county and city infirmaries, would be immeasurable and incalculable. While the wheels of professional progress have been revolving at a most rapid rate in every department of our art, we are confronted with a

humiliating spectacle, that appears to us as a great, dark pall hanging over all all our State and county institutions. No lines of professional work are ever sent forth from these places. Nor are those of Ohio peculiar and different in this respect from other adjacent States.

The appointments to professional positions in these institutions are too frequently for political services rendered the party in power only; removals are made for the same cause. This directly acts detrimentally to all professional work and interests in the way of scientific advances. Further, the remuneration that is usually paid a professional superintendent is but twelve to fifteen hundred dollars per year, supplemented by some furnished rooms and board in the house. As may be expected, the State and its wards never receive a first-class service. It is true that usually the pay classifies the service; in other words, a man that in private practice can earn from three to six thousand dollars per year will not in a hurry become a candidate for a position that may be but for a couple of years at twelve hundred dollars, room rent and board.

A practical remedy—and, so far as we can see, the only one—is in the appointment of a professional visiting staff for all asylums, prisons, reformatories and infirmaries. A visiting staff would not only be effective in rendering the very best possible service to the unfortunate inmates, but they would see to the sanitary arrangements, that have so very much to do with the comfort of those who are obliged to live within prison or infirmary walls. It is not an unknown thing for inmates in public institutions to perish from cold and exposure, while others have been cruelly treated, all or much of which would be entirely obviated if the medical care

f the inmates were under the immediate supervision of a visiting staff of physicians.

LA GRIPPE.

This disease has a singularly peculiar history in being unlike any other malady that has struck, and struck hard a innumerable number of the human family within the past year, appearing first in the extreme East, crossing over North Europe, and showing itself in the North Atlantic States in December last, and true to its nature, crossing in the same latitude directly over the Allegheny Mountains to the Middle and Western states, and clear on to the Pacific states, and we hope was eternally lost in the swim and drowned in the Pacific Ocean.

South of Kentucky the disease was not so virulent, but its severity North of the Ohio River was sometimes bordering on malignancy, and not infrequently immediately fatal in its effects, striking the nervous system of its victim with a sledge hammer force that was practically irresistible.

In very many instances the sequelæ of la grippe served but to lengthen the misery of the unfortunate sufferer, for pneumonia, nephritis, nervous prostration, a weakened circulation, and tuberculosis terminated the work that was left undone by the primary attack of the disease. There are hosts of individuals who lead uncomfortable lives on account of bronchitis, asthma, and a fretful, irritable, nervous disposition, that was superinduced by la grippe.

The world do move, the dead, sick, and wounded are rapidly getting out of the way for the filling of the ranks by those who represent the survival of the fittest.

The public reception of this singular

and peculiar malady is worthy of record. The press treated it with hilarious ridicule, and the laughter became as contagious as the disease. Those who were stricken were made fun of rather than condoled with. This peculiar way of treating a grave and dangerous malady, as if it were a jest or joke, no doubt, buoyed up many an individual to such an extent as to prevent the most dire results. Especially was this true of those having the lighter attacks.

With the coming on of the cold autumnal rains of last week, we hear of many instances where individuals who had thought themselves entirely recovered, are suffering from a recurring bronchitis, asthma, and nervous prostration, while their dispositions are utterly demoralized and the reverse of amiability, all of which is directly due, and traceable to, la grippe.

MEDICAL SOCIETIES.

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

October 6, 1890, DR. FORCHHEIMER will read a paper on "The Tongue in Diseases of Children."

October 13, DR. DRURY will read a paper on "Furunculosis," DR. JUDKINS will report cases, and DR. FACKLER will read a paper on a subject to be announced.

MIAMI VALLEY MEDICAL SOCIETY.—The Twenty-Sixth Semi-Annual Session will be held at Loveland, on Tuesday, October 7th, 1890. Essays will be read as follows:

Dr. J. A. Andrews, Goshen, "Some Points in Typhoid Fever."

Dr. N. B. VanWinkle, Blanchester, subject not reported.

Dr. R. T. Trimble, New Vienna, "Rupture of the Heart."

Dr. Wm. Scott, Loveland, "Episodes in Obstetrics."

Dr. J. S. Combs, Boston, "Micro-Organisms."

Dr. Wm. Graham, Lebanon, subject to be chosen.

All physicians in good standing invited to be present.

DR. WM. SCOTT, Loveland,
Secretary.

DR. G. B. ORR, Cincinnati,
President.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The Mississippi Valley Medical Association, which convenes at Louisville, Ky., October 8, 9 and 10, 1890, will be entertained socially as follows: Wednesday evening, after the address by Dr. Wyeth, of New York, there will be a grand reception at Dr. D. W. Yandell's. On Thursday afternoon the ladies accompanying the doctors will be given an excursion to the Blind Asylum, where they will be entertained by a concert. The visiting ladies will be given a reception at the Galt House by the Louisville ladies on Thursday evening from 8 to 10. At 10 o'clock Thursday evening the banquet will commence, and it promises to be "a banquet as is a banquet." It will occur at the Galt House, which is an assurance that it will be a good one. How long it will continue is a matter not yet determined upon.

Half-fare rates have been secured from Cincinnati over the O. & M. and L. & N.; from St. Louis over the O. & M. and Air Line; Chicago over the Air Line; Pittsburgh over the B. & O. and S. W.; other points one and one-third fare on the certificate plan. The programme contains eighty choice papers, and has grown to such proportions that the meeting will be divided into two sections, so as to permit of the reading of all the papers,

TRI-STATE MEDICAL ASSOCIATION OF ALABAMA, GEORGIA, AND TENNESSEE.

The second annual meeting of the Tri-State Medical Association of Alabama, Georgia, and Tennessee, will be held in Turner Hall, Chattanooga, Tennessee, on October 14, 15 and 16. It promises to be one of the most successful, profitable, and entertaining meetings ever held in the South. The following is the programme:

Tuesday, October 14.

9:00 TO 10:00 A. M.

Registration, Introductions and Handshaking.

10:00 TO 12:00 A. M.

Reports of Executive Committee and Officers.

Reading of Papers.

AFTERNOON AND EVENING SESSIONS.

Reading of Papers.

Wednesday, October 15.

MORNING SESSION.

Reading of Papers.

AFTERNOON SESSION.

Election of Officers.

EVENING SESSION.

Address of Welcome by Governor Robert L. Taylor.

Response.

President's Address—"The Doctor," J. B. Cowan, Tallahoma, Tenn.

Thursday, October 16.

Reading of Papers.

PARTIAL LIST OF PAPERS.

President's Address, "The Doctor," J. B. Cowan, M.D., Tullahoma, Tenn.

"Amputation of Hip, in Two Times Method," Duncan Eve, M.D., Nashville, Tenn.

"Report of a Case of Ulceration after Exsection of the Breast," L. G. Dozier, M.D., New England City, Ga.

"Case of Remarkable Injury with Recovery, Presentation of Patient," E. A. Cobleigh, M.D., Chattanooga, Tenn.

"Report of a Case of Gangrene of the Leg," W. L. Stephens, M.D., Dayton, Tenn.

"Report of a Case of Fracture of the Pelvis, with Presentation of Patient," W. T. Blackford, M.D., Graysville, Ga.

"Report of a Case of Phlegmonous Abscess," C. H. Holland, M.D., Chattanooga, Tenn.

"Report of a Case of Cancrum Oris," W. P. McDonald, M.D., Hill City, Tenn.

"Report of Cases of Fracture at the Elbow Joint," Andrew Boyd, M.D., Scottsboro, Ala.

"Neuralgia," W. L. Gahagan, M.D., Chattanooga, Tenn.

"Morbid Reflex Neuroses Amenable to Surgical Treatment," Willis F. Westmoreland, M.D., Atlanta, Ga.

"Abscess of the Liver," Richard Douglass, M.D., Nashville, Tenn.

"Report of a Case of Abscess of the Liver," J. R. Rathmell, M.D., Chattanooga, Tenn.

"Cases of Gall-Stones," E. E. Kerr, M.D., Chattanooga, Tenn.

"Expert Testimony," Mr. Sydney B. Wright, Chattanooga, Tenn.

"On all Sides a Learned Doctor," James E. Reeves, M.D., Chattanooga, Tenn.

"The Dynamics of Mediumism," J. E. Purdon, M.D., Cullman, Ala.

"A Contribution to the Study of the Continued Fevers of the South," Llewellyn P. Barber, M.D., Tracy City, Tenn.

"A few Remarks on the Fevers of Middle Tennessee and their Treatment," J. C. Shapard, M.D., Winchester, Tenn.

"Some Phases of Typhoid Fever as well as the Abandonment of the Typho-Malariae," J. W. Russey, M.D., Rising Fawn, Ga.

Paper by Chas. W. Tangeman, M.D., Cincinnati, Ohio.

"Diagnosis of Corneal Affections; Fluorescein," Frank Trester Smith, M.D., Chattanooga, Tenn.

"Eye Strain," A. G. Sinclair, M.D., Memphis, Tenn.

"Physiological Functions of the Nose," A. B. Thrasher, M.D., Cincinnati, Ohio.

"Uterine Fibroma," J. C. Murfree, M.D., Murfreesboro, Tenn.

"Some Irregular Forms of Epi-

lepsy," with report of cases, W. C. Maples, M.D., Bellefonte, Ala.

Paper by F. W. McRae, M.D., Atlanta, Ga.

"Dilated Cardiac Hypertrophy, with Nephritic Complications," W. C. Townes, M.D., Chattanooga, Tenn.

"Urethral Stricture and Its Complications," J. D. Gibson, M.D., Birmingham, Ala.

"Palliative Treatment of Fissure of the Anus and Stricture of the Rectum," John P. Furniss, M.D., Selma, Ala.

"Some Affections of the Rectum," L. J. Krouse, M.D., Cincinnati, Ohio.

THE SOUTH-WESTERN OHIO MEDICAL SOCIETY.

This association will meet at the Burnet House, in this city, Thursday and Friday, October 16, 17. It is a live organization, with an enrolment of more than a hundred active members from the south-west portion of the State. It is hoped the attendance will be larger than ever at the ensuing meeting. At these limited district society meetings, men who are geographical, as well as professional neighbors, come directly in contact, one with another, swap experiences in the discussions, read good papers, and elbow each other socially.

The Fall meeting is always held in this city, and thus the members are afforded an opportunity to visit the hospitals, clinics, and colleges, as well as personal friends in the State's metropolis. It is also a good time to lay in a necessary stock of office and shop supplies. The annual dues are but one dollar, and the occasion is one that should bring together not less than two or three hundred. Physicians living in contiguous counties in Kentucky and Indiana who may come to the meeting, will receive a cordial greeting, as well as an invitation to read papers or enter into any of the discussions.

One of the pleasantest things per-

taining to our profession is its cosmopolitan character. Science has no knowledge of state or other sectional lines. It is without religion or politics, and yet it walks right along in the van of all progress. Don't forget the date of this meeting at the Burnet House, October 16 and 17, 1890.

Obituary.

JOHN OGDEN MARSH, M.D.

DR. JOHN OGDEN MARSH, of Madisonville, O., died October 1, at the family residence after a lingering illness. While la grippe prevailed last winter to such an alarming extent, Dr. Marsh went day and night attending to his immense practice, and when the epidemic had nearly subsided he fell a victim himself to the dreaded disease. He rallied from the disease, only to fall an easy prey to pneumonia. About a year ago Dr. Marsh underwent the painful ordeal of having an eye removed, owing to a tumor which demanded removal, and this trouble returned, developing into an abscess of the lungs, which caused his death.

Dr. Marsh was a graduate of Woodward High School, and after gaining his medical diploma came to Madisonville to practice when quite a young man. Dr. Marsh was Mayor of the village from 1882-84 and from 1886-88, and was also President of the School Board for a number of years, and also proved an excellent Health Officer. Dr. Marsh and wife were two of the original nine who organized and founded the Presbyterian Church about thirteen years ago, and has served as trustee, elder and at the time of death was treasurer for its congregation.

Dr. Marsh was born in Cincinnati fifty-six years ago, and leaves a widow and only son, Dr. Fred. O. Marsh, of Cincinnati. His death is considered a public calamity, and the village is enshrouded in gloom.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending September 26, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Croup.		Typhoid
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....	1	..	..	..	..	..	..	..	..
2.....
3.....	1	..	1	..	..	..	..	..	..	..	..
4.....	1	..	..	..	..	..	..	..	..
5.....	1	..	..	..	..
6.....
7.....	1	..	..	..	2	..	..	..	..
8.....	1	..	..	..	..
9.....	2	..	..	..	..
10.....	1	..	..	..	2	..	..	..	..
11.....	2	..	..	..	..
12.....
13.....	1	..	..	..	..
14.....	1	..	..	..	..
15.....	1	..	..	..	..	..	..	..	..
16.....
17.....
18.....	1	..	..	..	..
19.....	1	..	..	..	..
20.....	3	1	..	..	..
21.....	2	..	..	..	..
22.....	1	..	..	..	..
23.....	1	..	..	..	..
24.....	3	..	..	..	..
25.....	1	1	..	..	..
26.....	1	..	..	..	..
27.....
28.....	4	..	..	..	..
29.....
30.....	1	..	..	..	1	..	..	..	..
Public Institutions
Totals	1	..	7	..	..	..	28	3	1	..	..
Last week.	6	1	1	..	54	14	1	..	..

The following is the mortality report for the week ending September 26, 1890.

Cholera Infantum.....	1
Diarrhoea.....	1
Dysentery.....	1
Diphtheria.....	3
Enterocolitis.....	3
Typhoid Fever.....	4
Other Zymotic Diseases.....	4
Cancer.....	1
Consumption.....	1
Other Constitutional Diseases.....	5

Apoplexy	3
Bright's Disease	1
Bronchitis	2
Convulsions	3
Enteritis	1
Heart Disease	4
Liver Disease	3
Meningitis	4
Pneumonia	4
Other Local Diseases	17-42
Deaths from Developmental Diseases	5
Deaths from Violence	6

Deaths from all causes	87
Annual rate per 1,000	13.92
Deaths under 2 years	24
Deaths under 5 years	28
Deaths for corresponding week of 1889	121
Deaths for corresponding week of 1888	113
Deaths for corresponding week of 1887	97

J. W. FRENDEGAST, M.D., Health Officer.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

A DIVORCE ARGUMENT. — Jules Favre pleaded in a divorce case, where a young and beautiful woman, who refused to recognize the law of marital rights, had deliberately robbed her husband of his conjugal privileges, from sentiments of virgin modesty. At the termination of an elegant apostrophe made to the court in the presence of a crowd of the most elegant society of Paris, Favre exclaimed with elocutionary fire: "Marriage, may it please the court, has been established for the eternal renewal of society and social order. Let Madam, the defendant, know that she cannot refuse my client's *key to future generations* without censure." It was then the defendant rose to her feet and exclaimed: "May it please the court, these keys of men are too often misfits for the aperture."

EUGENE SUE AS A SURGEON. — Eugene Sue, the author of the "Mysteries of Paris," was a great friend of Romieu. One evening these two worthies became very much intoxicated at the *Café de Paris*, and on their way home Romieu fell and injured one of his legs.

Now Eugene Sue had once been a surgeon in the French navy, and gathering his friend in his arms, he carried him home to his lodging place, when, placing the injured man in bed, he dressed his limb.

Miracle of miracles! Eugene Sue called on his friend the next morning, and discovered that he had dressed the wrong limb. He accordingly put the injured member in splints, and Romieu made a good recovery.

DOCTOR PAUL BERT'S CHEESE. — "A dinner without cheese is like a beauty with one eye," says Brillat Sa-

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 67 cities and towns during the week ending September 26, 1890:

Diphtheria: Carthage, 1 case; Chester Hill, 1 case; Chillicothe, 4 cases; Cincinnati, 28 cases, 3 deaths; Dayton, 10 cases, 2 deaths; Defiance, 2 cases, 1 death; East Palestine, 4 cases, 1 death; Genoa, 2 cases; Glendale, 2 cases; Jamestown, 1 case, 1 death; Lancaster, 5 cases; Middletown, 1 case; Nelsonville, 2 cases, 1 death; Piqua, 1 case, 1 death; Portsmouth, 5 cases, 2 deaths; Springfield, 2 cases; Toledo, 7 cases, 3 deaths; Tiffin, 2 cases; Wilmington, 1 case; Woodville, 1 case, Zanesville, 1 case.

Scarlet Fever: Akron 2 cases; Alliance, 1 case; Amelia, 1 case; Dayton, 1 case; East Palestine, 3 cases; Chillicothe, 3 cases; Cincinnati, 7 cases; Columbus, 2 cases; Ironton, 2 cases; Lancaster, 1 case; Lorain, 1 case; Ripley, 1 case; Sandusky, 1 case; Shawnee, 4 cases; Tiffin, 1 case; Toledo, 1 case; Wooster, 1 case.

Typhoid Fever: Amelia, 5 cases, 2 deaths; Cedarville, 1 case; Celina, 3 cases; Chester Hill, 1 case; Chillicothe, 1 case; Cincinnati, 4 cases, 3 deaths; Columbus, 16 cases, 6 deaths; East Liverpool, 2 cases; Findlay, 2 cases; Fostoria, 2 cases; Genoa, 2 cases; Jamestown, 2 cases; Leesburg, 3 cases; Lewisburg, 1 case; London, 8 cases. Norwalk, 4 cases; Olmsted, 1 case; Piqua, 1 death; Rocky Ridge, 1 case; Sabina, 1 case; Sandusky, 1 death; Shawnee, 1 case; Springfield, 5 cases, 1 death; Toledo, 1 death; Wadsworth, 1 case; Wabash Tp., 3 cases; Youngstown, 3 cases, 1 death.

Whooping-Cough: Rocky Ridge, 15 cases; Akron, 1 death.

Measles: Cincinnati, 1 case; Ironton, 3 cases, 1 death; Youngstown, 1 case.

No infectious diseases reported to health officers in 21 towns.

C. O. PROBST, M.D., Secretary.

varin. At a dinner given by the celebrated physiologist, Paul Bert, in September, 1879, the food was exquisite and the table regal in its delicacies. At the close of the feast, Dr. Bert arose and personally served each guest with a small square piece of cheese. All found the latter the most delicious they had ever tasted, and one and all demanded what brand of cheese the epicurean delight was derived from. Dr. Bert bid them all guess, and almost every known animal was called, only to meet the negative reply from the professor of physiology. Finally, after all had guessed and failed, Doctor Bert said: "Gentlemen, this rare cheese—of most fragrant aroma and exquisite savor—is made from the milk of my wet nurse." A few minutes later most of the guests retired. This was the same celebrated feast when the sugar in the coffee was made from the liver of a glycogenic man.

* * *

INFLUENCE OF EMOTION ON DIGESTION.—A young man in search of a

political office, called upon the Minister of War for an audience, and was introduced to the presence of his Excellency. At that moment he made one of those peculiar noises that even Moliere never dared to mention by its proper name. The applicant for office blushed scarlet with mortification. He looked like a first of July peony. "Go on now," said the Minister of War calmly, "have no further fear, young man, *now that the ice is broken*, you can speak at ease."

* * *

NOT EVEN JOB WAS THUS TRIED.—A Gascon, ill with retention of urine, was suffering greatly, and his physician exhorted him to exercise a little of Job's patience. "Oh!" exclaimed the Gascon, "Job be ——! Job could always draw his water; I cannot!"

* * *

THE Prince de Lomballes was castrated for a venereal affection. The Prince was ever after the operation known not as the Prince de Lomballes, but the Prince *Sansballes*.

Champagne ANALYZED

Of Interest to all Medical Practitioners.

WHAT IS SAID BY

THOMAS KING CHAMBERS, M.D., F.R.C.P.
R. OGDEN DOREMUS, M.D.
F. W. PAVY, M.D., F.R.S.

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THE
CINCINNATI LANCET-CLINIC:

A WEEKLY JOURNAL OF
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Whole Volume LXIV.

Original Articles.

**ON INFECTIOUS DYSPESIA,
AND ITS RATIONAL TREAT-
MENT BY THE ANTISEPTIC
METHOD.**

A Paper read by invitation before the Mis-
sissippi Valley Medical Association, at
its Sixteenth Annual Meeting,
Louisville, Ky., October
8-10, 1890.

BY

FRANK WOODBURY, A.M., M.D.,
Fellow of the College of Physicians of Phila-
delphia; Hon. Professor of Clinical
Medicine in the Medico-Chir-
urgical College, etc.

A cynical Frenchman declared that the treatment of consumption was "opium and lies;" and at times we are tempted to say that the treatment of dyspepsia is the same—minus the opium. If we confine our judgment to the numerous proprietary "sure cures for dyspepsia" now so widely advertised, this conclusion would probably be nearly correct. I hope, however, that the methods of rational medicine may so commend themselves to our minds as to escape condemnation to this category, especially when we may see our patients, by adopting them, cured safely, quickly, and more or less pleasantly.

It is best to state at the outset that our present consideration of the subject is limited to dyspepsia solely as related to the stomach; no reference is attempted or intended to be made to intestinal indigestion or so-called intestinal dyspepsia. It must be very obvious to all that dyspepsia occupies a very important place in popular nosology, it is as familiar as household words. On the

contrary, there is a strong disposition among many of our systematic writers on medicine to ignore the term dyspepsia or simply to discuss it as synonymous of indigestion. This may be due to the fact that the pathology of dyspepsia, which Trousseau called a subject "vast and obscure," has hitherto been but little understood; on the principle that the proper way to treat a disease, which we do not understand, is to treat it with contempt. Most of our text books disappoint the anxious inquirer by paying very little attention to dyspepsia, or merely mentioning it as a symptom or as synonymous with gastric catarrh or simple indigestion. Some authorities, Clifford Allbutt, for example, are sceptical of its very existence, and darkly hint that it serves as a convenient cloak for a host of sins of omission in the way of overlooked diagnoses of organic disease. I am willing to admit that many cases of gastric inflammation, gastric ulcer, even gastric cancer, may remain for a long time latent or merely producing symptoms of indigestion or dyspepsia, but this only illustrates the well-known difficulty of diagnosis of disease affecting the viscera, and certainly is no proof that indigestion or dyspepsia may not exist where no organic affection is present. Time clears up the diagnosis of most stomach disorders just as it does those of supposed ovarian cysts of some uterine fibroids in young persons of appropriate sex.

It is true that indigestion, or laborious, slow and painful digestion may be only a symptom, but when this symptom is of constant recurrence and seriously impairs the patient's capacity for work, or his enjoyment of the amenities of life, and effectually destroys his comfort and ease, substituting discomfort therefor, it is hard to convince him that

it is not fully deserving of the title of disease, by brevet at least. Does it not seem that habitual indigestion and suffering after partaking of food in an individual, is, at least, something very much akin to disease? One of the Hippocratic aphorisms reads as follows: "Such constitutions as suffer quickly and strongly from errors in diet, are weaker than others that do not; and a weak person is in a state very nearly approaching one in disease." Here is a definition of a dyspeptic 2300 years old: *one with a weak constitution who suffers quickly and strongly from errors in diet.* Unfortunately the poor dyspeptic is surrounded by pit-falls, which he only discovers by tumbling into them; he is forever finding out that he has committed errors in diet and is eternally encountering new trials and committing more errors, until he is ready to exclaim in his extremity, "O wretched man that I am! who will deliver me from the body of this death." It is a fact, a very sad one, by no means unfamiliar to readers of the daily press, that the condition of the dyspeptic sometimes becomes so intolerable that his mind becomes unbalanced and he seeks surcease from sorrow and suffering by suicide. Let no man judge him harshly for the dreadful deed.

"The wrong that's done we may compute,
We know not what's resisted."

With reference to the pathology of dyspepsia, I would consider it at least as much entitled to recognition as a distinct disease, in the present unsettled condition of medical nomenclature, as consumption, or chorea. Like them, it is characterized clinically by manifestations of nervous disorder, so that Cullen was not very far wrong in considering dyspepsia as a neurosis under the class *adynamia*; like pulmonary phthisis, also, I believe its most marked symptoms are produced by the absorption of the products of parasitic micro-organisms. Just as Philips, of Edinburgh, has shown that the symptoms of phthisis are due to the absorption of toxic products of bacilli tuberculosis, I think that many of the clinical manifestations of dyspepsia are caused by poisoning

by ptomaines or leucomaines. For when bacteria and other micro-organisms have been accidentally swallowed with the food, if they find the conditions favorable in the stomach they will rapidly multiply there and make it a centre of infection. When this occurs and symptoms of disorder appear, I think it permissible to follow the general rule, and apply to it the term "infectious dyspepsia." By this I do not imply that it is also contagious, in the ordinary sense, but merely that the morbid manifestations are directly connected with infection by micro-organisms and their products.

Lauder Brunton has gone over this ground in his papers on "Indigestion as a Cause of Nervous Depression" and on "Poisons formed from Food and their Relation to Biliousness and Diarrhoea;" and Sir Andrew Clark has similarly traced the cause of anæmia and chlorosis in young girls to digestive disturbance, or what he terms *fecal intoxication*. We now accept without reservation Pasteur's demonstration that there can be no fermentation or putrefaction without the presence of micro-organisms; and I think Lister's corollary that they are also responsible for the occurrence in the living body of inflammation and suppuration, is also generally received and daily acted upon, at least by those of us who practice surgery. Therefore, when Abernethy bluntly said that men eat so much that the food actually ferments in their stomachs, he went at once to the root of the matter, and indicated the true cause of the symptoms in many cases of dyspepsia. Leared has shown that heartburn is due to the presence in the stomach of butyric acid, a product of lactic fermentation; and nearly thirty years ago Milner Edwards declared as the result of his study of acid dyspepsia, that "the phenomena of lactic and butyric fermentation which are manifested in the digestive tube, may well depend upon the action of infusoria, which live and multiply in the interior of this canal; a hypothesis which explains the production of two gases found here, viz., hydrogen and carbonic acid."

Of late years the science of bacteri-

ology has made wonderful advance, and especially in the department of bacterial parasitism, or infection, and its relation to disease. It is known that certain micro-organisms under ordinary circumstances are harmless to the human system; others possess virulence and produce more or less disturbance of the bodily functions, or give rise to the different varieties of specific diseases. Under normal conditions microbes, principally harmless, constantly find their way into the air-passages and into the stomach; and, indeed, certain varieties are always found flourishing among the contents of this organ. Abelous,⁽¹⁾ a recent investigator of this subject, found sixteen species existing normally in his own stomach, of which two were micrococci, thirteen bacilli, and one vibrio. (Of these the *sarcina ventriculi*, the *bacillus pyocyaneus*, *bacterium lactis aërogenes*, *bacillus subtilis*, *bacillus amylobacter*, *bacillus megabacterium* and *vibrio rugula* had been recognized previously by other experimenters.) The presence of sapio-genic microbes in the stomach, therefore, being constant and not incompatible with health, it becomes necessary to inquire why fermentation or putrefaction of the food does not occur after every meal? In other words, how is practical antiseptis attained by natural process?

Three things are to be considered in this connection: (1) the food, (2) the digestive fluids, and (3) the physical conditions attending the act of digestion. With regard to the food, we observe that effort is made to have it fresh and suitable for digestion; experience has shown that tainted food, or, as we commonly say, spoiled food, very promptly causes serious disorder both of the digestive organs and the nervous system. The food is also, as a rule, required to be mainly of the kind that the individual is accustomed to eating, as unaccustomed food often produces sickness. The well-known antiseptic character of the digestive fluids is of great utility in preventing the development

of micro-organisms, but they vary both in their quantity and quality under morbid conditions. The muscular contractions of the stomach, owing to deficient innervation or to other causes, are often lacking in energy and efficiency, thus producing what has been called motor dyspepsia, and the movements may also be attended by pain.

With regard to the personal equation or digestive capacity of different individuals, we rarely give sufficient consideration in therapeutics to actual anatomical differences in stomachs. Some persons have stomachs many times larger than others, thus requiring more bulky food and less frequent feeding than the latter, and this difference exists even early in infancy.

As already stated, during healthy digestion, fermentation and putrefaction of the food do not occur; but let digestion be retarded, or let the supply of gastric juice be insufficient in quantity or deficient in its essential elements, or let certain germs be present in unusual quantity, and indigestion, sour stomach, and the usual symptoms attending painful and tardy digestion will be produced.

On the contrary, in a case of habitual indigestion, or dyspepsia, if proper measures be taken to keep the pernicious activity of the micro-organisms in check, at the same time securing by hygienic and tonic treatment a proper innervation of the stomach and especially a sufficient supply of gastric juice of good quality, the nervous symptoms, both local and systemic, will at once be ameliorated, and by continuing this plan of treatment (which I have ventured to call the antiseptic method, on account of its results), and the selection of a proper dietary, the dyspeptic may be restored, if not to perfect health and happiness, at least as near as he can hope to come to them in this world.

I cannot help digressing a little, just here, to note the precautions that civilized man has been taught by experience to take in order to prevent septic infection of the contents of his stomach. He cooks his food at a comparatively high temperature, and generally it is

¹ Recherches sur les Microbes de l'Estomac à l'Etat Normal et leur Action sur les Substances Alimentaires. Paris, 1889.

eaten at once, or means are taken to preserve it by refrigeration or hermetic sealing. In thickly inhabited parts of the world it is the custom to boil the water used for drinking purposes, and very commonly some aromatic or slightly stimulating herb or berry is added to make it more palatable. In fact, coffee, after roasting, has also decided antiseptic effects, and its infusion markedly retards the development of micro-organisms in the stomach. Tea exerts a similar action, though to a less degree; but it has the disadvantages of retarding the digestion of albuminoids. Chloride of sodium is a constant feature upon all of our tables, and doubtless is one of the great agents in permitting advance in civilization, as it helps digestion, and is a valuable antiseptic. Alcohol has this action also, but possesses the additional advantage of stimulating the nerves of the stomach, thus increasing the rate of its movements and also the amount of the gastric juice. When used to assist digestion, alcoholic stimulants are considered by Ringer to be invaluable, when used medicinally and with discretion. In the treatment of weak digestion, I often find the judicious use of old bourbon to be attended by the most happy effects. It is the most reliable form in which to administer stimulants, and is infinitely preferable to adulterated French wines for this purpose.

It might be mentioned here with regard to the question of treatment, that many of the drugs of established reputation in relieving the symptoms of dyspepsia are also known to be antizymotics. For instance, we may enumerate the cinchona salts (quinine is very prominent among bactericidal agents) hydrochloric acid, nitrate of silver, the volatile oils, strychnine, arsenic, the mercurials, iodine and carbolic acid, creasote, beta-naphthol, salicylic acid, salol, resorcin, charcoal, not forgetting alcohol, which is the basis and the essential ingredient in the various elixirs, tinctures and bitters. The alkalies, particularly the bicarbonate of sodium, act indirectly as antiseptics by changing the reaction of the fluid contents of the stomach and preventing

the growth of those bacteria which flourish only in the acid medium.

A very prompt and efficient method of preventing the undue development of micro-organisms in the stomach is by irrigation of its cavity with antiseptic solutions. Washing out the stomach, or lavage, is a very old method of relieving the symptoms of indigestion, and does not require special apparatus for its performance. All that is necessary is to swallow large quantities of water or other detergent solution, and then make the stomach empty itself by the act of vomiting. This was in use among the ancient Romans, and probably is among the few therapeutic expedients coming down to us from primeval man. The treatment of dyspepsia by emetics is similar to it, though attended by more nausea and disturbance of the general system. The method which Kussmaul introduced in 1867 is a great improvement upon either of these. He uses a soft œsophageal tube attached to a stomach-pump for the purpose of washing out the stomach, and surprising results are obtainable by adopting this treatment. I have used for the same purpose a long tube, to which a funnel is attached, with equally good results in adults, the tube being introduced through the œsophagus until its extremity enters the stomach; the funnel is then held upright and a pint or more of fluid poured through it into the stomach; by simply allowing the funnel to hang down the action is reversed and the stomach is emptied by siphonage; this is repeated several times at each sitting, or until the water returns clear. This plan answers very well in adults, but the pump or aspirator is better for children. I do not wish to give a bibliography of this subject, but will simply refer to a recent paper (*Johns Hopkins Hospital Bulletin* for July, 1890) by my friend Dr. Wm. H. Booker, of Baltimore, in which the results of nearly two hundred cases of gastro-intestinal disturbance in children treated by stomach washing are given. He reports remarkably successful results, especially for the relief of vomiting due to indigestion and in summer complaint. I could give some interesting cases oc-

curing in my own practice among adults with confirmed dyspepsia (one of incipient insanity apparently arrested by washing out the stomach a few times and appropriate general treatment), but I do not wish to extend this communication farther.

I would summarize as follows:

Laborious, painful and imperfect digestion, occurring habitually, when not symptomatic of other disease, constitutes dyspepsia; and when accompanied by fermentation of the contents of the stomach, and general toxic symptoms the result of microbial development, it may properly be called infectious dyspepsia.

The disorder is sufficiently prevalent and gives rise to enough discomfort and actual suffering in its victims as not only to deserve our serious consideration, but also enlists our best therapeutic skill in their behalf. The excessive growth of micro-organisms during digestion, is favored by slow movements of the stomach, and by defective quantity or quality of the gastric juice. Acid dyspepsia, or sour stomach, may be due to excessive secretion of hydrochloric acid (rarely), but is generally caused by lactic, acetic or butyric fermentation, due to the pressure of appropriate forms of bacteria in the stomach.

The object of treatment of infectious dyspepsia is to prevent the excessive development of micro-organisms during digestion of food. This is sought to be accomplished (1) by the use of articles of diet which are not in a fermenting condition nor readily fermentable; (2), by adopting such hygienic and tonic measures as will invigorate the bodily powers, and especially bring the gastric juice up to its normal standard of quality and quantity, and increase the muscular power of the stomach; and (3) by local antiseptic treatment including the administration of drugs which retard fermentation, and especially by lavage, or irrigation of the stomach, with weak disinfectant solution, or simply recently boiled water.

BINDING.—A VOLUME ($\frac{1}{4}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

PROFESSOR FLINT'S DOCTRINE OF THE SELF-LIMITATION OF PHTHISIS.

A Paper read at the 16th annual meeting of the Mississippi Valley Medical Association at Louisville, October, 1890,

BY

WILLIAM PORTER, M.D.,

Professor of Laryngology and Diseases of the Chest in the St. Louis College of Physicians and Surgeons; Fellow of the American Laryngological Association; Ex-President of the Mississippi Valley Medical Association.

Some time before his death Prof. Flint promulgated the doctrine of the self-limitation of phthisis and presented it with all of his well known power and great ability to the profession. This very interesting proposition was at the time the subject of free debate in various medical societies, and at a former meeting of this Association I had the honor to partially discuss the position taken by this learned teacher and writer.

The recent years have been full of the wonderful results of the study of pulmonary disease, and bacteriologic research and the possibility of a positive diagnosis has overshadowed the equally interesting question of prognosis. That Prof. Flint's arguments, however, have not been lost to the profession is evidenced by the repeated references to it in recent current medical literature, and many are ready to say with Prof. Stephen Burt of New York that "not a few cases of phthisis have self-limitation." This author, in a valuable paper entitled "Pulmonary Consumption in the Light of Modern Research," read before the New York Academy of Medicine, and published in the *Medical Record*, Aug. 12th, 1890, takes the tenable position that "phthisis is an infectious disease, only the soil must be fertile or the bacteria will not take root and grow; that the inheritance of the affection is simply the descent of the degraded cells presenting a vulnerable point for the vagrant germs; that all specific treatment is futile; and though persistent destruction of the infectious

matter is our best means of prophylaxis, yet to restore the vitality of the lung tissue is as important as to destroy the tubercle bacilli." Following this comes his affirmation of the possibility of the self-limitation of phthisis. In Pepper's elaborate System of Medicine, Vol. III, p. 393, Flint again affirms his statement that in certain cases of phthisis "the disease may be said to be self-limited."

It is a just inference that this idea has been well received by many excellent physicians and that it has made a deep impression upon the mind of the profession, not more on account of its great champion than because of its plausibility and desirability, for truly, as one author says, "it is a comforting thought to the afflicted," and we would add—to the physician also.

I can bring no more interesting question before you; it touches us at all points where we attempt to save life from this dread disease, and it is inseparably connected with our opinion regarding the future of a large proportion of our patients. It is right, therefore, that we should have some fixed idea as to the existence of self-limitation of phthisis and its value in any given case or series of cases.

After having carefully examined the facts cited in support of the proposition, I have no hesitation in distinctly asserting that I find no sufficient evidence to warrant us in accepting the statement that phthisis is self-limited, or that the element of self-limitation has a decided influence upon the result in any given case. I do not mean that all cases of phthisis necessarily die from this disease, but I do mean that where phthisis is firmly established there is nothing in the nature of the disease itself that indicates in any stage a fixed boundary—a line of demarcation, as it were—but rather that all of its tendencies are progressive and downward.

It is well that there should be in all debate a clear understanding as to the meaning of the terms employed, and at the outset I am perfectly willing to accept Flint's own definition not only of the term "self-limiting," but also of the word "phthisis."

Permit me, then, to quote in full his

definitions as given in his argument. "A disease is self-limited when it ends in recovery irrespective of extrinsic influences derived from either hygiene or therapeutics. A patient, whatever be the disease, who recovers without any potential remedies or measure of treatment having been employed, and where there has been no material change in any of the circumstances pertaining to daily life, owes the recovery exclusively to self-limitation." To this we readily agree.

He then defines the terms pneumonic phthisis and pulmonary consumption, and says: "I shall consider the terms as applicable to all cases of phthisical disease, exclusive of acute tuberculosis and interstitial (fibroid) pneumonia." That there may be no mistake as to his use of words, I may add that he uses the terms phthisis, pulmonary tuberculosis, and consumption, in the same sense. [*Practice of Medicine*, p. 271]. Using then, our author's own language, the question is,—is there in phthisis, or if you please pulmonary tuberculosis, a tendency to recovery, without extrinsic influence derived from either hygiene or therapeutics?

Although as early as 1835, Jacob Bigelow in a paper which Prof. Flint calls remarkable, read before the Massachusetts Medical Society, applied the term self-limited to certain diseases, it was not until 1858 that the latter advanced the idea of self-limitation as applied to phthisis. [*American Journal of Medical Sciences*, 1858]. Twenty years afterward the question was ably re-opened by him in the paper to which reference has been made, and his position virtually accepted as proven.

The deductions in this important essay are based upon clinical evidence rather than argued from a pathological standpoint, and if you will bear with me I will first present an analysis which I have made of the cases which are cited by Prof. Flint, and afterward endeavor to show that the pathology of phthisis, so far as we yet understand it, is opposed to the doctrine of self-limitation.

In the first place, the argument

which Prof. Flint advances is founded upon the deductions made from the history of 670 cases of phthisis. Fortunately these cases are all on record, and I shall not only accept the record of each case without question, but follow his own selection, though to very different conclusions.

Among these 670 cases, there were seventy-five in which either recovery took place or the disease became latent. It is therefore in these seventy-five cases we have to find the proof of self-limitation, and by these must the proposition stand or fall. I must beg you to bear in mind, as we go along, the definition that "a disease is self-limited when it ends in recovery, irrespective of extrinsic influences derived from either hygiene or therapeutics."

We find that in thirty-one of these seventy-five cases the statement is merely that "the disease ceased to progress for at least several months, and in the majority of cases for several years." By reference to the record we find that the last examination of each gave evidence that the disease was still present—latent in some, as may occur in phthisis, but not self-limited, for "a disease is self-limited when it ends in recovery," etc., and these had not recovered. As according to the author's own definition, thirty-one of these cases have no definite bearing upon the point in question, we are restricted to the study of the remaining forty-four.

As self-limitation is independent of extrinsic influences, derived from either hygiene or therapeutics, we at once decline the evidence of twenty-one of the forty-four cases, for in all of these pertinent and generally persistent treatment was pursued. Moreover, three of these cases subsequently proved fatal, and the last examination showed that at least a third of them had still physical signs of phthisis. We object to these twenty-one histories as not pertinent. The interest now centers in but twenty-three. In fifteen of these hygienic measures constituted the treatment; but these measures were of such a character as would lead us to hope for favorable results, viz.: change of business, out-of-door life, rest, sea voyages,

change of climate, etc. These are potential aids, for as Flint says (*Prac. Med.* p. 290), "out-of-door life is of all measures most important." Now, to prove a disease self-limiting, we must eliminate whatever can be reasonably traced to "either hygiene or therapeutics." These fifteen cases were given the advantage of favorable hygienic conditions, and who shall say they would have recovered without these conditions? Having made use of that remedy which of all others has been found efficacious in phthisis, these fifteen cases are certainly not examples of self limitation.

I have refrained from occupying your time with the details of the author's cases, which, in accordance with his own definition of limitation, have been refused as evidence. The history of these is fully given in his work on phthisis, and I have endeavored to deal fairly and justly with the record.

Let us now apply the test to eight cases, which alone remain. These are numbered I, IV, VII, VIII, XIV, XX, XXIII, and XXIV, (Phthisis, p. 187, *et seq.*), and are the only ones of which the author says: "there was no medicinal treatment of importance, and no material change in the habits of life, the recovery taking place purely from an intrinsic tendency."

Case I is that of a farmer, who, having in the winter of 1842-43 expectorated what was thought to be pulmonary calculi, was examined in June, 1843; "the only physical sign noted was feebleness of the respiratory murmur." He was in excellent health thirteen years afterward. "Prior to the development of the disease the patient had worked very hard on a farm. He left home for several weeks, and after relinquishing severe labor, engaged in buying and selling new lands in Illinois, a business which required much out-of-door life." Excellent treatment!

Case IV—A physician, aged twenty-eight, had hæmoptysis in October, 1852, and again in January and May, 1853. In May, 1853, he had a slight dullness at the right summit, with weakened respiratory murmur and crackling, which accompanied inspiration and

expiration. In September, 1854, he reported himself well, "a year after recovery," *i.e.*, his recovery must have dated from September, 1853, five months only after the above symptoms were noted. However, we find that in September, 1854, there was still a dullness at the right summit, and the respiratory murmur was feeble.

Case VII. is that of a constable, examined in April, 1856. Six years before he had had a hemorrhage, and shortly afterwards recurrent hæmoptysis for ten days. During the following year Prof. Flint met this man from time to time on the street, and he seemed to be in good health. As this man evidently had phthisis for six years prior to examination, what reason is there, in the absence of a later examination, to suppose that he entirely recovered during one succeeding year? The statement that he seemed well will apply, at times, to many cases of chronic phthisis. "There is no further record of this case. The treatment consisted of cod-liver oil for six weeks, generous living, the use of malt liquors, and out-of-door life." Very good intrinsic influences, we take it.

Case XIV.—A physician, who had cough, hæmoptysis and slight loss of flesh, was examined October, 1857, and found to have evidences of phthisis at the left apex. Five years later Dr. Flint saw him in apparently good health. He had been drinking beer, living generously, with an abundance of exercise out of doors. It seems that in this case and in number IV., no medical agent was used, though the patients were physicians. They both had the influence of riding and driving in the open air while engaged in country practice.

In case XXIV, we find that the patient consulted Dr. Flint by letter in 1859; was relieved of part of her duties as a teacher; took more out-of-door exercise; travelled in the summer. In 1862, had abnormal dullness, feeble respiration, and increase of resonance and whisper at the right summit; afterwards traveled in Europe; in 1868 had hæmoptysis; in 1869 increase of symptoms, and she died in the spring of 1871. Did this patient recover, and that without change of hygienic condition?

The three remaining cases do, so far as recorded, seem to be instances of recovery from phthisis without medical or hygienic agency.

Number VIII was a clerk, examined in August, 1856, having had a cough two months previously, and hemorrhage a week before. There was dullness and feeble respiration at the right apex and sub-crepitant râles on both sides. In October, 1856, he was reported well, and was in good health in 1871. The thought is at once suggested, why did he, being examined at a time of greatest danger, not have medicinal treatment? The case is, however, one of great interest, and is certainly an exception to the general rule, as the disease appeared, progressed and abated within a period of five months.

The other two cases, XX and XXIII, furnish the best evidence in favor of limitation, though the record is very short. Two sisters, whose parents, three sisters and two brothers, had died of phthisis, were found, one with disease of the left apex, the other of the right. No remedy of importance was given or changes made in the habits of life. Both were well fifteen years afterward. Again the question may be asked, why was not some form of treatment or change of condition ordered in these cases, as "no effort had been spared to save the lives of their sisters and brothers, traveling, changes of climate, together with remedies having been resorted to in vain, although, perhaps, with the effect of retarding the progress of the disease." With this, however, we have nothing to do. The record is that these two sisters, for whom nothing was done, alone recovered. Granting that these two cases and possibly the preceding one, show evidences of self-limitation, yet they are but three out of 670, and we again quote from Prof. Flint's paper, "self-limitation cannot be inferred from a single case or a very few cases."

The clinical evidence cited by Prof. Flint certainly does not prove the doctrine of self-limitation according to his own definitions, for we find that in the large experience of its able advocate, among hundreds of cases as recorded by

himself—the argument is sustained by few, and in all fairness we confess a doubt as to the pertinence and value of most of these.

Is not this conclusion in accord with our own experience? What physician to-day expects that in a given number of cases of phthisis as they come to him, any small proportion will recover without the help of medication or change in hygiene or environment? Or to put the question more directly, who has so much faith in the doctrine of self-limitation that he would trust it in the slightest degree in planing for the future good of his patients?

So much as we know of the true pathology of phthisis, it is opposed to the doctrine of self-limitation. In the constitutional predisposition or the general morbid condition which Flint speaks of as the essential disease, we now recognize only that degeneration of the body in whole or in part, which favors the reception and development of the specific factor of tuberculosis. So long as no bacilli are found, the disease cannot be proved to be tubercular. The tubercular cachexia is a misnomer, except so far as it is limited to conditions which favor the invasion of the essential germ.

In the ordinary case of tubercular phthisis, we now know that we have not only the constitutional fault, characterized, as Sir Andrew Clark has it, "by a progression of symptoms with an ulcerative or suppurative destruction of a more or less circumscribed, non-malignant deposit in the lung," but in addition, we have a specific morbid change, the result of a specific cause. I need not weary you with a discussion of the exact relation of the bacillus to tuberculosis. Whether the bacilli are the cause or the result of the rapid disintegration is not the question in point. Whether these or their ptomaines, or both, are the active factors, may some day be fully decided. This much we know, that where the changes have begun which result in those morbid products in which the tubercle bacilli are found, we have to deal with an active, relentless, progressive foe to human life.

Let us but remember that the bacillus readily enters a mucous membrane denuded of its epithelium and passes down in the lymphatics and vessel walls; that, according to Metschnikoff and Naegeli, it inaugurates a struggle with, and rapidly destroys, feeble organic cells, and we must forever abandon all preconceived ideas of the self-limitation of phthisis.

One author says, "there should be no room for doubt as to the accuracy of the diagnosis," and the researches of the bacteriologist have placed within our reach the essential element in the diagnosis of tuberculosis, but the knowledge of the existence of this element is directly opposed to the doctrine of limitation without extrinsic aid.

Therefore, clinically and pathologically, we must have further evidence of self-limitation. I grant you that well-proven cases get well. It must be admitted that treatment has in some instances been successful; that resistance has been made to the cell invasion of the bacilli, and that the general systemic fault has been corrected. My position is, however, that in every such case there has been some helpful treatment administered, some beneficial hygienic or climatic change accomplished.

Our deductions must therefore be:

1. That there is not sufficient clinical evidence to warrant us in believing that by self-limitation, as defined by Prof. Flint, pulmonary phthisis may end in recovery.

2. The pathology of phthisis is equally opposed to the proposition.

3. Although phthisis is not self-limited, yet limitation is possible through "extrinsic influence derived from hygiene and therapeutics."

One word in conclusion: To no one does the medical profession of America owe more than it does to the memory of Dr. Flint. Though dead, his words live. With reverent hands would we lift the record of his work, and in the same fairness which he admired and practiced, would we examine his teachings. In this city, which he loved so well and in which was once his home, no words are needed to recall his greatness. May the analysis of his arguments

which we have made, and even the widely different conclusions which we have reached, be counted an honest tribute to the great influence of him whose lips are forever sealed.

COUGH OF NASAL ORIGIN.

WITH REPORT OF CASES.

A Paper read before the Mississippi Valley
Medical Association, Louisville,
Ky., October, 1890.

BY

A. B. THRASHER, M.D.,
CINCINNATI.

Cough is a reflex phenomenon due to the irritation of some nerve filament more or less closely connected with the par-vagus or the tri-geminus. This irritation may be in the air-tubes, the larynx, pharynx, nose, ear, stomach, or, perhaps, in other situations. In the act of coughing there is a spasmodic contraction of the diaphragm, a closure of the glottis, and a violent propulsion of air against and forcibly through the tightly-drawn glottis. The frequent and long-continued repetition of this act produces a congestion of the larynx and even an inflammation of the mucous surface. This change of the laryngeal mucosa in case of a severe cough has frequently been mistaken by the examining physician for the cause of the cough. This mistake is the more pardonable because of the subjective sensation of a "tickling in the throat," which is the almost invariable accompaniment of the condition. Cough is so prominent a symptom of a tubercular disease of the respiratory organs that when of long standing it is always regarded with anxiety. That a cough may be due to other cause has long been known. The laity speak of a "stomach" cough, a "liver" cough, a "nervous" cough, and the profession have recognized the "ear" cough from an irritation of the external auditory meatus. Probably the points most likely to be the seat of an irritation producing a cough are the upper half of the trachea and the ventricles of the larynx.

A normal cough, if I may be allowed

the term, is for the purpose of freeing the air-tract from some foreign body and thus preserving intact a free passage for the air to and from the lungs. But an irritation of a nerve in some other part may be referred to the larynx or trachea by the sensory centres and give rise to the same sensation as if there were actually present a foreign body, and the consequent reflex cough to eject the offender.

The nose is the gateway to the lungs, and it is here that nature has posted her sentinels in the shape of the cavernous turbinates, for the purpose of preventing the ingress of the enemy, or of sounding the alarm when sufficient cause arises. Hence the intimate nerve-communication between the nasal mucosa—especially that covering the cavernous bodies—and the lower respiratory tract. The diseased condition of this region may give rise to a sensation as of a foreign body somewhat farther down the air-passage, and does not differ from many other reflexes, and when the sensation is present the cough follows as a matter of course. In cases where there is no other objective lesion the diagnosis may not be difficult, especially as it is more likely to appear in a person of neurotic temperament. But should cough be present in a patient suffering from a wasting disease, or troubled with a digestive disorder, or chronic bronchitis, then the actual cause of the cough may very easily escape even a very careful diagnostician. It is then, perhaps, not to be wondered at that this condition has escaped recognition until the advent of the specialist in rhinoscopy; and, indeed, it was reserved for the physician of this decade to classify this particular affection.

The first notice we have of reflex nasal cough, intelligently recognized as such, appeared eight years ago.

In 1882 Wilhelm Hack, of Freiberg, published in the *Berliner klinische Wochenschrift* a masterly article on "Nasal Reflexes." He refers to one case of nasal cough.⁽¹⁾ The patient had coughed for several years, the cough

¹ Berliner klinische Wochenschrift, 1882, No. 25.

coming on mostly at night and lasting for hours. There was some congestion of the laryngeal mucosa, and it was faithfully pencilled with astringents, but without effect. Finally, not from any suspicious symptoms in the organ, but in following a routine custom, Hack examined the nose and there found a fibroid polyp pressing on the middle turbinate of the right naris. The removal of the polyp was followed by a cessation of the hitherto invincible cough. After a month the cough returned, and an examination revealed a small polyp springing from the same place. This was removed, the base thoroughly cauterized, and the cough did not again return.

The same year Carl Seiler, of Philadelphia, reported⁽¹⁾ two cases of reflex cough from nasal disease. In one case there was an erosion of the mucous membrane of the septum; in the other there was a deviation of the septum with an anterior hypertrophy of the turbinate.

John N. Mackenzie, of Baltimore, the following year refers⁽²⁾ to cases of cough due to irritation of the nasal "sensitive areas." He says "in a fair proportion of cases there are few, if any, symptoms which would direct the attention to disease of the nose."

Since the appearance of these observations many others have observed similar phenomena, and it is only from the fact that this etiological factor is yet so frequently overlooked that I venture to direct your attention in this direction. Some of the older writers⁽³⁾ claim to be able to differentiate different affections of the lungs giving rise to cough by the sound of the cough. The cough from intra-nasal disease may sometimes be recognized by a metallic ring or by its evident nervous character, but more frequently you will not be able to determine the source of the trouble by the character of the sound. Expectoration may or may not be present, as the causal disease may produce an abundance of nasal secretion, which, on

dropping backward into the pharynx, will be expectorated during the cough.

The following cases from my case-record are examples of this reflex neurosis:

CASE I.

Mr. H., Cincinnati, consulted me in the spring of 1887 for an obstinate cough. It had commenced three months before with a "bad cold," and had continued when all other symptoms of a cold had ceased. His family physician had exhausted the materia medica in a vain search for means of relief. No attempt at local medication had been made, although Mr. H. complained loudly of a tickling in the throat as a cause of the cough. He was finally sent to me for a laryngoscopic examination.

The mirror revealed a congested larynx, some thickening of both ventricular bands, but no severe inflammation. The pharynx was reddened, and the uvula inflamed and slightly elongated. There was more inflammation in the naso-pharynx, and the left inferior turbinate was much swollen. On touching the swollen body with a smooth silver probe a violent attack of coughing ensued, and this could be provoked as often as the sensitive surface was touched. Under cocaine anesthesia I thoroughly cauterized the inflamed turbinate.

The patient was seen daily for three days, during which time the coughing grew less, when his business called him from the city. I saw him again after about three months, and he told me he had been troubled no more by the cough. There was no constitutional treatment.

CASE II.

Miss R., æt. sixteen, was sent to me in March, 1889, by her family physician, Dr. I. C. Miller, of Mt. Auburn, for an irritable cough. She had been suffering from a nervous, metallic cough, for three months. She referred the irritable sensation to the region of the larynx. Her general health was good, and the family history was unexceptionable, notwithstanding which, they had about concluded, from the un-

1 Archives of Laryngology, vol. iii.

2 American Journal of Medical Sciences, July, 1883.

3 Watson's Practice, American edition.

controllable cough, that she must be suffering from incipient tubercular disease. Her larynx had been sprayed and painted with astringents, but all to no purpose. On examining her pharynx and larynx, but slight congestion was observable. Both lower turbinates were hypertrophic over their posterior extremity, but nasal respiration was seldom interfered with. The hypertrophies were both exceedingly sensitive to touch, the contact of a probe producing violent attacks of coughing, severe pain in the nose, and profuse lachrymation with immediate injection of the conjunctiva on the side touched.

The treatment in this case was the application of the galvano-cautery to sensitive areas, and mild, disinfecting, astringent sprays. It was prolonged to two months on account of the great sensitiveness of the parts, which at times was so great as to cause long intervals between the applications of the cautery. She has since had one relapse, but the cough yielded rapidly to intra-nasal treatment.

CASE III.

Miss Barbara L., æt. twenty-two, was referred to me in February, of this year, for a violent cough of six months' standing. She was well developed and nourished, and aside from the cough, apparently well. Her cough was so loud and so frequent as to keep her at home, and there she greatly disturbed the other members of the family, especially at night. She attributed her cough to a tickling in the "throat," in the laryngeal region. Her pharynx had been sprayed, penciled and cauterized; her larynx had been brushed with various astringents; she had taken all manner of cough mixtures, but with no effect on the cough.

Examination revealed a fairly healthy larynx and pharynx. The left middle turbinate and the right lower turbinate were œdematous and irritable, and touching any part of them would at once set up so violent a cough as to preclude any immediate further attempts at examination.

Local applications to the nose resulted in a rapid amelioration of the

cough, and in a month it had entirely ceased.

I will not occupy your time by a repetition of cases. These very well illustrate one of the numerous reflex neuroses, an early recognition of which will be of great value to the patient, and reflect creditably on the attending physician.

157 W. Ninth Street.

INFLAMMATION OF THE EXTERNAL AUDITORY CANAL.

A Paper read before the Cincinnati Medical Society, September 22, 1890.

BY

W. R. AMICK, M.D.,

Professor of Ophthalmology in the Cincinnati College of Medicine and Surgery; Professor of Ophthalmology and Otology in the Woman's Medical College,

Inflammation of the external auditory canal is generally divided into two classes: circumscribed and diffused. These terms are sufficiently explicit in themselves to define, by the appearance of the canal, whether the disease in a given case should be denominated by the former expression or the latter.

The type of a circumscribed inflammation of the external auditory canal is presented in the ordinary furuncle that is frequently seen in this locality.

The diffuse variety signifies an inflammation that is not confined to any single locality in the canal, but, possibly starting from a given point, it spreads until it involves the entire canal. In some instances it may spread to and involve structures outside of the canal.

The circumscribed inflammation frequently is accompanied or preceded by furuncles in other parts of the body.

The development of furuncles outside of the auditory canal may be due to errors in diet, full habit, dirty occupation, such as rag-picking, chimney-sweeping, etc. They may depend on a vitiated condition of the blood during or following exhausting fevers, diabetes mellitus or septicæmia.

The aural furuncle generally indicates an anæmic or lowered-condition

of the physiological forces. It may be that diabetes mellitus is the cause, and in every case of this kind it is a good idea to examine the urine for sugar.

By some the circumscribed inflammation in the auditory canal is supposed to be the result of a micro-organism. Dr. Lowenburg (Roosa) says: "I think that every furuncle is an *invasion* of a particular species of microbes, which exist in the air and in water, and which are multiplied under the influence of the decomposition of certain substances. In consequence of some circumstances still unknown, these microzotes enter a pilosebaceous follicle; they then fructify and excite the characteristic inflammation." He examined furuncles of the auditory canal previous to their being opened and before the pus formed in them had come in contact with the atmosphere. The pus freshly obtained was cultivated in beef soup or diluted extract of beef. The coccus of furuncle was abundantly produced by these experiments.

Dr. Lowenburg regards aural furuncle as contagious, and in support of his theory records the case of a man who suffered from one in the ear after his wife had been affected in a similar manner. "The furuncle in the man was in the left ear in a corresponding situation to one in the right ear of the wife."

It would have to be considered, however, that in a single instance of this kind coincidence would probably be as good an explanation as contagiousness.

In circumscribed inflammation we generally have an itching sensation first, and this is followed by swelling, pain, impairment of hearing, and commonly tinnitus aurium. The inflammation may extend inward and produce congestion of the tympanum, and aural vertigo. Even if the tympanum should not be involved, deafness and autophony might be produced by the swelling closing up the canal. Frequently there is considerable impairment of hearing remaining for sometime after the furuncle has disappeared. This is caused by changes produced by the congestion and exudation in the middle ear, interfering with the normal oscillation of

the membrana tympani and the ossicles. Pain becomes a very prominent symptom in almost all acute inflammations of the auditory canal, whether circumscribed or diffuse, so much so that morphia, either by the mouth or hypodermically, generally becomes necessary.

This paper has not been written for the purpose of entering into any minute description of the two forms of inflammation of the auditory canal, but, as success is the ultimate result that is desired, we wish to refer chiefly to the treatment, which is different from that laid down in the text-books, and I think, more satisfactory. The reason why I have mentioned both forms of inflammation of the external auditory canal, is, because I have used it with equal success in both forms.

As I have already remarked, pain becomes one of the prominent symptoms—in fact it is *the* prominent symptom in acute inflammation of the auditory canal. I might go a step farther and say that the treatment of these cases consists in relieving pain. We cannot consistently, *i. e.*, with a proper method of treatment, relieve the pain without producing a favorable effect upon the disease, either to abort it or shorten the duration by encouraging suppuration.

Calcium sulphide has been claimed by some to be a specific in the circumscribed variety, that it will abort them after they have made their appearance, and it is useful as a prophylactic.

When a furuncle has made its appearance in the canal, it is generally evident that others will follow. This tendency to recurrence is probably due to the lowered tone or anæmic condition of the system. The advocates of calcium sulphide say that it will prevent a recurrence, hence it must do so by overcoming any physiological depression that may exist, or by acting upon the canal through the capillary circulation.

Dr. Lowenburg says that the first furuncle generally makes its appearance near the external end of the canal, and the succeeding ones are situated farther in toward the membrana tympani. As we have already mentioned, Dr. Lowenburg considers that the furuncle is

caused by a micrococcus. That after the micrococci have entered the tissue, they propagate themselves by auto-infection.

If this is true, that aural furuncle is a parasitic disease, and if the statement of those who advocate the use of calcium sulphide in this disease is also true, and if this drug, which is not applied locally, but is taken internally, is a specific, then we are confronted with a dilemma that we will have to supply with an extra horn.

First, if aural furuncle is caused by a parasite, then we do not believe that the internal use of calcium sulphide is a specific.

Second, if the internal use of calcium sulphide is indeed a specific, then we do not believe that aural furuncle is a parasitic disease.

Third, if both of these statements are true, then we have an example of the dynamical influence of a drug producing a lethal effect upon a parasite in a remote part of the body, without any of the toxic effects becoming manifest in any other part of the system.

Generally speaking, the local use of hot applications has given the greatest amount of relief in these diseases. These may be either dry or moist, but there is no especial tendency for these applications to abort the disease. They are used for a double purpose; first, to relieve pain, and second to hasten suppuration, where there is a tendency in that direction.

The ordinary treatment of circumscribed inflammation in the auditory canal is as follows: First, heat and moisture. This may be applied with a poultice, but as a general rule it is not a good plan to use poultices. In the first place, the ordinary poultice does not come in contact with the seat of the disease; it simply lies over the auricle, and, at the same time that it may increase the temperature in the canal, it does not apply moisture to the seat of inflammation.

In the second place, poultices are favorable to the development of granulations. About the only way that a poultice can be properly applied to the canal is by making it in the shape of a small cone, covering it with cheese

cloth, and then insert it. It must necessarily be small, and will not retain heat very long. The core of a roasted onion is sometimes used. Occasionally patients present themselves in which the onion core has been inserted and left in the canal.

Not infrequently portions of the poultice or onion get down into the deeper part of the canal, and not only cause an impairment of hearing by obstruction, but form the nucleus for subsequent irritation. The best way to apply heat and moisture is with hot water and a flannel cloth, or cotton, or with a fountain syringe.

Hot water, either with or without tincture of opium, is also a valuable agent to allay pain. To be of service, the application must be made in such a manner that the part affected shall be constantly bathed with hot water. If it is simply poured into the canal it will have to be done frequently to get the effect. The best method is with the fountain syringe or syphon, and the stream should be continuous for some time. This will require time, care, and attention, otherwise very little benefit will be derived from this source. Internally, opium in some of its forms, aconite, hyoscyamus and belladonna are generally used.

If we can institute a course of treatment that is equally as efficacious in allaying the pain, and at the same time is very simple in the method of application, requiring very little time and attention, it could not be considered otherwise than an improvement upon the hot water method. If in a simpler method of treatment we can allay the pain to a greater extent, quicker and more effectually, and at the same time if instituted at the commencement of the trouble, abort it, we can surely claim that it is a better method of treating acute inflammations of the external auditory canal than with hot water.

It is true that if the patient will allow the physician to use the knife, the inflammatory process of the circumscribed variety may be cut short. But there are quite a number of people who will suffer for several days rather than allow the knife to be used. Then if we

can dispense with the knife we have relieved the patient of considerable anxiety of mind, for they generally look upon the knife as a dreadful instrument of torture.

In order to present the method of treatment to which I refer, I will give the history of a case:

Robert L. is a young man, twenty-four years of age, of good physique. His health has always been good. On the 11th of June last, he presented himself complaining of some pain, but more of a stuffed-up sensation, with some deafness and tinnitus aurium in the left ear. An examination revealed some dark substance at the bottom of the canal, covering the drum-head and obscuring it from view: Supposing from its appearance that it was cerumen that had been pushed into the canal and was causing the trouble by pressure upon the membrana tympani, I made an effort to remove it with the syringe. A few dark brown scales were removed in this manner. A second examination revealed a white substance that looked like cotton covering the drum-head. This was removed and proved to be an exfoliation of the internal part of the canal. There was some congestion remaining, but a simple astringent solution quieted the trouble, and in a few days it had disappeared.

On the 15th of August last he came again, saying that he had a pain in his right ear, with some tinnitus, deafness and a stopped-up sensation, the same as he had with the left ear. Never has had any otorrhœa and there is none now. A small amount of cerumen was removed with the syringe, but there appeared to be some more that was not dislodged. The following solution was then ordered:

R Sodæ bicarb.,	2.0
Morph. sulph.,	0.2
Atropiæ sulph.,	0.12
Aq. dest.,	30.0—M.

Sig.—Ten drops, warmed, in the ear as often as the symptoms might require.

The atropia was used in this solution for the relief of the pain, and it undoubtedly has that effect in certain cases of otalgia. The next day the syringe was used, but there was very little

cerumen removed, but the canal was free. As there was some redness along the walls of the canal, the solution was continued. The pain was relieved by the warm water and syringe, but it returned about an hour later, but I did not see him until the next day, when he stated that he had been up all night, as the pain was so severe that it was impossible for him to sleep. There was, at this time, considerable swelling of the external auditory canal. It was more or less sensitive at all points. Hot applications were ordered; hot water in the canal with syphon and hot applications afterward over the auricle. He was also given a solution of cocaine to put in the canal and the following to take internally:

R Ext. aconite,	0.06
Ext. belladonnæ,	0.06
Ext. hyoscyam.,	0.4
Morph. sulph.,	0.1
Calcium sulphide,	0.4—M.
Ft Caps. No. xii.	

Sig.—One to be taken every one to three hours, depending on the amount of pain. The bowels to be opened freely with saline cathartics.

On presenting himself the next day it was evident that the inflammation was still increasing. There was no special point or prominence, but the inflammation and redness involved the entire canal. The same treatment was continued except that the hot application over the auricle was changed from the hot water to a bag of hops dipped in hot water and applied over the auricle and side of the face.

It was evident at a glance the next day that the inflammatory process had increased. The auricle was pushed outward and the angle between it and the posterior wall of the canal was much greater, so that, in appearance, it almost amounted to a deformity. The depression between the concha and the mastoid was not only completely obliterated, but was much more prominent than the mastoid itself. In this locality it was red and very sensitive. The inflammation had extended all around the auricle. There was a swollen condition in front of the tragus that extended nearly to the lateral canthus of the eye. The swelling extended down-

ward over the side of the face and neck below the angle of the inferior maxillary. Movements of the lower jaw caused severe pain, so that it was practically impossible for him to masticate food. The slightest movement of the auricle caused such pain that he shrank from having it touched. The swelling had completely closed the canal a short distance from the concha, and he complained of a throbbing sensation in the canal that was very painful.

At this time the examination was made with the intention of using the knife at the point that was most prominent and tender. But there was no one point more prominent than another, and all parts were equally sensitive.

Instead of using the knife, I determined to try the effect of campho-phenique. I made a conical plug out of absorbent cotton, saturated it with the pure solution, and put it down in the canal. This caused some pain at first, partly from the effects of the solution and partly from pressure from the plug. He was instructed to let the cotton remain in the canal for six hours, and at the same time to continue the hop-bag application over the auricle. I gave him the following prescription:

R Campho-phenique,	10.0
Ol. amygdal. dulc.,	20.0—M.
Sig.—Apply in the canal on absorbent cotton every six hours.	

The next day he stated that he had passed the night with less discomfort than the two preceding ones. At the same time that there was not very much difference in the amount of swelling and puffiness in and about the ear, yet there was a marked decrease in sensibility. With a little care there was not very much pain produced in handling the auricle and making an examination. A probe with a little cotton on the end of it was dipped in campho-phenique and pushed through the swollen and closed canal. This caused some pain, but it was not severe. A plug of cotton was then saturated with the pure solution and the apex of it pushed down about three-fourths the length of the canal and allowed to remain there.

The next day there was a decided

improvement in all of the symptoms. The swelling on the face was less marked and the auricle was not so prominent nor sensitive. The swelling in the canal had decreased considerably. A small amount of pus was removed, but there was no opening in the lining of the canal to indicate its source. All treatment was now discontinued except the local application of campho-phenique.

Two days later the swelling on the face and the pain had disappeared, and the auricle had resumed its proper position. There was still a little swelling and redness in the canal, with a slight discharge of pus. At this time the campho-phenique was discontinued and a 2 per cent. solution of argentic nitratiss ordered to be used twice a day. Four days later this was discontinued, as the otorrhœa had ceased, the congestion of the tympanum had disappeared, and the hearing restored to its normal condition.

As already stated, I have used the campho-phenique in a number of cases of inflammation of the external auditory canal, both circumscribed and diffuse, and, in addition to its allaying the irritation and inflammatory symptoms, it has one especial point in its favor, which is valuable even if it did not allay the inflammation, *i.e.*, its analgesic properties. It is the best remedy to allay pain in inflammatory conditions of the external auditory canal with which I am acquainted at the present time.

Pain is the hydra-headed monster that the physician is called upon to subdue. Its habitat is in any and all portions of the body, but in the acute inflammations of the auditory canal it appears to be in its especially selected abode, and it revels in this locality with an abandon that drives the poor victim to the verge of distraction. When it takes a residence in the periosteum of the auditory canal, it appears to recognize that it is about as secure from the effects of narcotics taken into the system as it is possible for it to be. The anodyne, taken internally, in order to be effective, must not only produce an effect on the cerebral center, but also on

the terminal distribution of the nerves at the seat of pain. In order to affect the peripheral distribution of the nerves it must circulate in the capillaries in the inflamed locality.

In all inflammatory conditions there is a stasis of the circulation in the congested capillaries so that the circulation through them of any drug taken into the system must necessarily be impeded. In this locality we have a wall of bone on one side, so that the swelling must all be in the direction and at the expense of the lumen of the canal. The congestion irritates the nerve filaments and the pressure increases the irritation, one aggravates the other to that extent that the sufferer is ready to accept almost anything that will afford relief.

Morphia has a tendency to obtund sensibility in this locality the same as in any other portion of the system, but on account of the surroundings it requires a much larger amount than would be necessary if the congestion was located in almost any other part of the body. The amount of morphia that would be necessary to control the pain in some of these cases would exceed the limit of safety, and could hardly be considered advisable. We might, with the free use of a narcotic, allay the irritation to that extent that the pain would be practically controlled; yet, if at that time there should be an opening made, either spontaneously or with the knife and the pressure removed, then we would have no irritation to act as a counter-check to the drug, and narcosis more or less profound would result.

Thus, if we can apply an agent directly to the part that will allay the irritation, and avoid the use of narcotics, it is a better method of treatment.

In the circumscribed variety this application may not prevent the formation of pus, but it has the same tendency to relieve the pain. Then there is another element in its favor. Supposing that pus has been formed, and it is necessary to evacuate it. If a piece of cotton has been saturated with the pure solution and kept in contact with the swelling, it will produce local anæsthesia so that the incision will be nearly or quite painless. Its usefulness in opening ab-

cesses is not confined to the ear, but it can be used for this purpose in other parts of the body. Then it has the advantages of being a very good germicide, and diluted, it makes a good antiseptic application.

Cocaine sometimes has a good effect in otalgia, especially of the tympanum, providing we can bring it in contact with the mucous membrane of the cavity. It is not so satisfactory in relieving the pain in inflammation of the external auditory canal. It does not penetrate or have the effect upon the skin that it has upon a mucous membrane, and hence does not reach the seat of irritation.

[FOR DISCUSSION SEE P. 452].

CURATIVE EFFECT OF ERYSIPELAS ON MALIGNANT TUMORS.

Dr. Kneeblatt (*Four. of Cut. and Genito-Urin. Dis.*, No. 90) narrates three cases observed by himself, in which the influence of erysipelas in malignant disease is shown. A lymphosarcoma of the tonsil was present in the first case, which, after operation, reappeared within a few months in the glands of the neck, etc. After the occurrence of an erysipelas a few months later, some improvement was observed. An inoculation with Fehleisen's erysipelas cocci was made some time afterwards. The disease appeared two days later, and lasted about a fortnight. Decided improvement was for a time noticeable, but death occurred three months later. The second case was that of a man, aged fifty-two, who suffered from a lymphosarcoma, beginning behind the ear. Within two days of inoculation an erysipelas with bullæ appeared. When it subsided, the growth was gone. Up to the date of the report, the disease had not reappeared. In the third case, that of a girl of twenty-one, lymphadenoma was present on the lower eyelid. Erysipelas of the face occurred, and caused the tumor to be reduced one-half. A second attack of erysipelas occurred, the result of which was its complete disappearance. The disease did not recur.—*London Med. Recorder.*

Correspondence.

A PROFESSIONAL NEWSPAPER REPORT, AND COMMENTS ON THE ETHICS IN- VOLVED.

NEW YORK, October 6, 1890.

Editor Lancet-Clinic:

DEAR SIR:—My attention has lately been called to a notice in the Cincinnati *Enquirer* of my bloodless amputation at the hip-joint. It is headed "Dr. Muscroft's Method: A Valuable Surgical Discovery which is now Claimed by a New York Physician."

In the course of this article there occurs: "The discovery of the method was credited to Dr. Wyeth, and was said to be very recent. Local physicians claim that Dr. Wyeth is trying to secure honors that he is not entitled to, or else has made a discovery long after it has been made by another. The operation is familiar to Cincinnati surgeons. It was discovered and perfected by the late Dr. Muscroft in 1886. A threaded needle is passed beneath the blood-vessels, which are then secured from the surface."

The editor of the *Enquirer* has been misinformed, and has, no doubt unintentionally, done me an injustice. As any surgeon acquainted with the literature, as well as with the art of his profession, must know, my operation is not similar to that referred to as Dr. Muscroft's. In my method the principle is one of *perfect constriction of all of the thigh at the hip-joint*.

Dr. Muscroft, on August 10, 1886,⁽¹⁾ "Seized a needle one-eighth of an inch wide, slightly bent at the point, about the thickness of a dime and four inches long, and introduced it perpendicularly into the front of the thigh about an inch and a half below Poupart's ligament. The exact point of entrance was one-fourth of an inch internal to the combined sheaths of the vein, artery and nerve. The point was pushed beyond the vessels, then turned outward until

the needle had passed beyond them; the point was then pushed out through the integument. The needle was then behind the vessels and nerve. A piece of cord was passed under the heel and point of the needle, forming a figure of 8 ligature."

The "local physician" from whom the *Enquirer* derived so much misinformation should also have told the editor that this same idea had been carried into effect by Professor F. Trendelenburg, of Rostock, on the 28th of July, 1880 (and this method is mentioned by reference in my paper as read and published). The idea had been suggested to Trendelenburg by Newman.⁽¹⁾ "A steel needle, thirty-eight centimetres long, six millimetres broad, biconvex or cross section, and two millimetres thick in the thickest portion or centre, was inserted just below the anterior iliac spine and carried in the direction of the perineum, passing between the neck of the femur and the vessels, and emerging on the inner aspect of the thigh, near the perineo-femoral crease. A figure of 8 ligature was then thrown over the ends of the needle and in front of the thigh, thus constricting the femoral artery and vein. The limb having previously been emptied of blood by the application of Esmarch's bandage as high as the middle of the thigh, a long knife was carried through the front of the thigh two centimetres beyond the needle and parallel with it (Lisfranc), and a flap formed by cutting by transfixion. The vessels were then tied, the needle and figure of 8 loop removed, and the head of the femur disarticulated. The needle was again introduced behind the bone, the figure of 8 carried posteriorly, and the posterior flap then formed."

It will be seen that Dr. Muscroft was working in the same line with the Newman-Trendelenburg method, which preceded him six years. In fact, Dr. A. Hewson, in 1865, "employed acupressure in an amputation of the hip-joint, but there was much loss of blood

¹ Cincinnati Medical News, April, 1887.(?)

¹ Archiv für Klinische Chirurgie, B. 26, 1881. S. 861.

before all the needles were placed, and the patient died without reaction" (*American Journal Medical Sciences*, vol. 52, p. 32). My method, as you well know, is unlike these in method and in result, for it absolutely controls every vessel in all points of the stump, and by single constriction, without possibility of slipping.

I have no doubt that Dr. Muscroft originated his method, although it was not novel. He deserves credit for it and for having the courage of his convictions. I have presented my operation at the American Medical Association at Nashville and at the International Congress at Berlin, and it has been widely printed in the medical journals. So far it has been accepted as novel by the leading surgeons of our own country and of Europe. At Nashville, one gentleman remembers during the Turco-Servian War having seen an amputation at or near the hip in which a bayonet was driven through the thigh to hold the tourniquet in place, the flap being then made from the bayonet wound. This is not my operation, and, besides, there is no record of it that I am able to find; and if so long after this the gentleman's memory is clearly correct, it does not interfere with the claim that I make in originating, as well as in proving and establishing successfully, this operation. Nor have I the least doubt that from the honorable members of my profession (and I am happy to believe there are few who are not of this class) full credit will be given for whatever of benefit to humanity may result from my efforts.

JOHN A. WYETH, M.D.

267 Madison Avenue.

We take very great pleasure in publishing Dr. Wyeth's explanation of his method of procedure in the gravest capital operation that can be performed on the human body. It also offers us an opportunity to direct the attention of New York surgeons and physicians to the improperly reported and often exaggerated accounts of operations and treatment of cases that are at very frequent intervals sent as special or associated

press dispatches to the entire or a large portion of the daily press of the Middle, Southern and Western States. (Our remarks in this connection we wish understood as having no personal reference to Prof. John A. Wyeth, for whom we have a very high professional regard.)

These reports are sent forth on electric wings as special or associated press correspondence, and are gross violations of both the spirit and letter of the Code of Ethics. In professional circles they are observed with a sense of nausea and contempt for the men who are guilty of such breaches. Too often the professional care of some man or woman of distinction in public life has been made the excuse for attempts at attaining a public notoriety and reputation that is without reason or justification. The consistent and legitimate avenues, that are always open to the members of the medical profession for professional reports, are the medical societies and medical journals. Through these channels professional work is correctly made known to those, and those only, who can appreciate such special knowledge and information.

We are right glad that a man of the high standing and attainments of Dr. John A. Wyeth does not see fit to rush into a daily paper to controvert a statement there made, but rightly at once selects a channel that carries his message to nearly every physician and surgeon in this vicinity, knowing full well that the thoughts and opinions of everybody else are not worth to him a figment of consideration.

The gross and impossible things that find their way from the hands of nondescript medical writers for newspaper distribution among the laity rarely, if ever, bring a hoped-for pecuniary reward. The frowns of the pro-

fession at large are and ever will be against such advertising ways.

In this connection we wish to say very loudly that the example shown in this instance by Dr. Wyeth is worth to him professionally a thousand fold more than he could have attained by rushing an explanation into the hands of a press agent. This one act is quite as creditable as showing the professional plane he works on as the deftness of his brain and hand in the performance of a bloodless and successful amputation at the hip-joint.

DO QUAKERESSES HAVE NASAL CATARRH?

Dr. D. Hayes Agnew says that he never saw a case of nasal catarrh among the female members of the community of Friends, and he attributes their immunity to the protection afforded by their peculiar bonnets.—*Med. Record.*

AT HOME AT THE VILLA IMPERIALE: A Day with the Prince of Wales.—During his stay at Homberg the Prince of Wales is living, as usual, at the Villa Impériale. His Royal Highness' life is most regular. At seven o'clock in the morning he goes to the spring, which is a few minutes' walk from the house, where he finds the Duke of Cambridge and the Duke of Teck, besides a curious crowd. He drinks two or three glasses of water, and then walks up and down among the many guests, listening to the band. At nine o'clock he returns to the house and breakfasts on the verandah, after which he reads the newspapers until ten. Lying on the chair beside him are always to be seen numerous pamphlets, some French works on strategy, and a huge pile of Blue-books. From ten until one the Prince works. At one o'clock he lunches, usually at the Park Hotel, but sometimes, though less often, on the terrace of the Kurhaus. Afterwards he drives in the mountains or has tea on the balcony. At seven he dines with about half-a-dozen guests, on the terrace of the Kurhaus, while the band plays in the Kurgarten Pavilion. After dinner, about nine o'clock, the Prince and his guests go down to the Kurgarten to listen to the concert, sometimes seated in one of the first rows of chairs, sometimes walking up and down. At eleven the Prince returns home. He seldom goes to bed later than midnight. He looks exceedingly well, and every one is enchanted with his simplicity and kindness. Before going to bed the Prince takes one or two glasses of Apollinaris water with lemon juice.

Society Reports.

CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of September 23, 1890.

The President, C. R. HOLMES, M.D., in the Chair.

L. S. COLTER, M.D., Secretary.

DR. B. M. RICKETTS presented a case from which he had removed a sarcoma of the axilla.

DR. W. R. AMICK read a paper on *Inflammation of the External Auditory Canal* (see page 444).

DISCUSSION.

DR. FITZPATRICK: The doctor has ably, and somewhat poetically, treated this subject in his excellent paper. Inflammation was long ago defined as "heat, redness, swelling and pain." Recent pathological investigations show that the heat and redness is due to the excess of blood sent to the part, the swelling and pain to the effusion and its pressure on the nerve endings. To-day we have a normal condition present, to-morrow redness and swelling. This condition has not come about of itself. I believe it is due to a microbe. Nothing else will so well account for it. These furuncles recur time and again. That they occur more often during a run down condition of the system, does not prove that it is due to the run down condition, but that on account of this condition there is a susceptibility to the trouble. If hot water does not relieve the pain, I often apply leeches near the tragus. Rarely have trouble in controlling the pain with hot water and cocaine. If necessary, would give morphia at night to procure rest from the pain. I do not often use the knife in furuncular inflammation.

DR. DODD: Have not much to add to what has already been said. These cases, as a rule, don't come to the ear specialist. They form 12 to 13 per cent. of all ear cases, and being acute, are generally treated by the family physician.

In regard to the treatment, I recently saw the statement that a solution of liquor acetate of lead and alum was found to be an excellent remedy to allay the pain and abort the formation of furuncles. The *modus operandi* of this is hard to explain. I have used it, and found it very effective. In children the fumes of chloroform or of tobacco will often give relief.

LOCAL ANÆSTHESIA.

For the purpose of producing local anæsthesia, a spray composed of ten parts of chloroform, fifteen parts of sulphuric ether and one part of menthol is very effective. After one minute's application of this spray complete anæsthesia of the skin and neighboring tissues is obtained, which lasts from two to six minutes, and suffices for the performance of such minor operations as opening abscesses of the cervical glands, incising a deeply-seated whitlow, and the excision of an epithelioma of the nose. In all the cases in which Dr. Dobisch, of Zwittau, who recommends this method, employed the spray above mentioned the wounds healed satisfactorily.—*Med. and Surg. Reporter.*

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

October 13, DR. DRURY will read a paper on "Furunculosis," DR. G. A. FACKLER will read one on "The Salicylate of Sodium in Typhilitis Typhosa," and DR. WM. JUDKINS will report several cases.

October 20, DR. E. B. LEFEVRE will read a paper on "A Case of Simple Abscess of the Larynx."

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

THE CINCINNATI LANCET-CLINIC:

3 Weekly Journal of

MEDICINE AND SURGERY

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

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Cincinnati, October 11, 1890.

The Week.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The event in professional circles of this week, is the annual meeting at Louisville of the Mississippi Valley Medical Association. Like every previous meeting of this organization, we naturally look upon this one as phenomenal in size and enthusiastic interest. Somehow or other we are made to believe that some one in connection with the management of this society is in possession of a touchstone of intense magnetic power, from which is given off currents that are most mysterious in their influence and drawing capacity. This attractive influence is quite as manifest when it strikes the first and foremost leaders in our guild, as when it manifests its power over the great number that makes up the rank and file of a learned profession. The "influence" seems to be both positive and imperitive, in that it exerts a controlling

action over all individuals alike. It (the "influence") just booms them all in, subduing animosities and encouraging and building up the amenities of life, good will and harmony.

Although the meeting is in open session, at this writing we are greatly pleased to be able to give our readers three of the best papers read on the first day, viz.: Those of Dr. Frank Woodbury, on "Infectious Dyspepsia," Dr. William Porter, on the "Self-Limitation of Phthisis," and of Dr. A. B. Thrasher, on "Cough and its Relation to Intra-Nasal Diseases." Other and equally valuable papers and discussions will be given our readers next week. The Committee of Arrangements have acted well their part. Like the meeting itself, they are a success.

A MODEL HOSPITAL.

Of all the many hospitals thrown open to the members of the Tenth International Congress, at Berlin, none was more admired for its magnificence and completeness of all arrangements, that possibly can be made in a modern hospital, than the latest of all these institutions, the *Städtisches Krankenhaus auf dem Urban*. Dr. Baudouin writes about it in a recent issue of the *Progrès Medical*:

During our visit to the Urban Hospital, it was especially the surgical pavillon of this magnificent hospital, that attracted our attention. This model hospital has not the like in our country, and it was, with the Emperor and Empress Hospital for Children, one of those which interested mostly the physicians who had come to Berlin. We do not intend to describe here anything but its fine operating room, which, one

must admit, is a little luxurious, but still very well arranged. The way they proceed with the disinfection of their hands before an operation, has surprised us. Every wash-stand, of which there are several, contains: first, one faucet for hot or cold water; second, one reservoir full of alcohol; third, one full of solution of bichloride of mercury. Below these reservoirs there is a small marble shelf, on which we find: one small glass vessel, in which nail-brushes are kept in the bichloride solution; a sign indicating the length of time necessary for the different procedures for the disinfection of the hands; a pair of curved scissors, and a special instrument for the trimming of the nails and a bottle containing liquid soap. This operating room is at all times ready. Provided with an abundance of material, it is connected by telephone with the room of the assistant, etc. In a quarter of an hour, the surgeon, in telephonic connection with his assistant residing in the hospital, may be able to perform a laparotomy. The operating room is well lighted by electricity. It is provided with a galvano-cautery, an apparatus for sterilizing the instruments, an iron table and several small glass tables. There is a separate room with special appliances, where the septic operations are performed. Everything in the hospital is organized for the purpose of having the surgeon quickly in readiness as soon as one needs him. His private residence, in the city, as well as that of his assistant, are in telephonic communication with the operating room. If a patient arrives, for instance a person who has been shot with a revolver into his abdomen, he will be telephoned for at once, and during the time he needs to arrive at the hospital, at an average twenty minutes, the nurses and the assistant have been able to prepare everything that is necessary for a laparotomy.

THE NEW SURGEON-GENERAL.

The President has nominated Colonel Jedediah H. Baxter, chief medical purveyor of the army, to be surgeon-general with the rank of brigadier-general, in

place of General Moore, retired at the age of sixty-four.

Dr. Baxter was born in Vermont, May 11, 1837, and is the son of the late Portus Baxter, for several years a Representative in Congress. He entered the army as surgeon of the Twelfth Massachusetts Regiment of Volunteers (Col. Fletcher Webster's), being mustered in on June 26, 1861. He has been in continuous service in the army from that time. He was promoted to be brigade-surgeon, United States Volunteers, April 17, 1862, and served with distinction in the Peninsular campaign with the Army of the Potomac. He was surgeon in charge of the United States General Hospital Campbell at Washington, one of the largest hospitals in the United States, from the time it was opened until January, 1864, when, at the request of General Fry, provost marshal-general, he was detailed on the latter's staff and assigned to duty as chief medical officer of his bureau. In that capacity Surgeon Baxter collected the records of the physical examinations of more than one million men who presented themselves for admission into the army, and compiled therefrom an extensive work on vital statistics. At the close of the war, Surgeon Baxter was appointed assistant medical purveyor, with the rank of lieutenant-colonel, and was promoted to be chief medical purveyor by President Grant in 1872. Dr. Baxter is a graduate of the University of Vermont, from both the academic and medical branches of that institution.

MALPRACTICE IN RUSSIA.

Before the district court of Libau, Russia, a former railroadman sued Dr. Johannsen, of Libau, for malpractice. The facts in the case were that the plaintiff had been run over by a locomotive, and had been taken to the hospital, where Dr. Johannsen, gangrene of the foot having supervened, performed Pirogow's operation upon the plaintiff. Plaintiff claimed, first, that the operation had been performed without his consent or that of his parents, and second, that it had been performed

unnecessarily. He therefore asked for damages, and requested that defendant be put under bond to pay him an annuity of \$600 for lifetime. It was proven, however, that plaintiff had given his consent previous to the operation, and that the operation was necessary in order to save the life of the patient. The court decided that the suit against Dr. Johannsen had to be dismissed, and sentenced the plaintiff to pay the costs, amounting to nearly \$300.—*St. Petersb. Med. Wochensh.*

VINEGAR AND URTICARIA.

Mr. Swain (*British Med. Journal*), after trying many remedies in a severe case of urticaria, found a vinegar lotion give almost instant relief, and subsequently other cases have been equally benefited. One of water to two parts vinegar is the strength most suitable.

ELIGIBLE VEHICLES FOR QUININE.

Doubtless every pharmacist and physician has his favorite method of disguising the taste of unpalatable drugs, but not everyone is aware that the enterprise of manufacturing pharmacists now offers such a variety of vehicles from which to choose.

One plan is to mix the quinine with some alkali or astringent so that the bitter sulphate or muriate becomes converted into the tasteless alkaloid or tannate.

Another plan is to combine with the quinine a mixture having a bitterness of its own, which shall blend with and modify the intolerable bitterness of the quinine, some aromatic being generally added to still further disguise the objectionable taste.

It is on this principle that cascara cordial operates, and many of those who have tried this vehicle, declare that it is the best that has yet been offered. The especial advantage which it possesses over all others is the fact that it is a laxative agent, and so renders more efficient the action of the antiperiodic.

Licorice has been long known as having a remarkable power of covering the taste of bitter medicines. This property is due to a peculiar principle called glycyrrhizin, a glucoside, insoluble in water and in acid solutions, but readily dissolved by the aid of alkalies.

Where quinine is given in powders, it may be rendered nearly tasteless by simply rubbing it up with a small quantity [one-fourth its weight] of ammoniated glycyrrhizin [ammonium glycyrrhizate].

"Fluid extract licorice, for quinine mixtures," is one of the most efficient of all the preparations employed for covering the bitter

taste of quinine. The best way to use it is to drop a dose of the powder into a little of the fluid extract contained in a spoon, mix it thoroughly and swallow at once.

Aromatic elixir of licorice is to be used in the same way as the fluid extract, but is especially useful in the drug-store when a single dose of quinine is called for to be taken at once.

Yerba Santa contains a principle analogous to glycyrrhizin, which renders quinine in its presence as tasteless as starch. It appears to act like glycyrrhizin by producing a peculiar impression upon the gustatory nerves; it does not, as stated by some, produce with the quinine an insoluble compound. Unless the mouth is thoroughly rinsed after taking the mixture, a bitter taste will gradually develop as the nerves recover from the influence of the yerba santa.

To some persons the taste of Yerba Santa itself is disagreeable, and when this is the case licorice is to be preferred. Barring, however, idiosyncrasy in this respect, we can recommend the preparations of Yerba Santa as the best means of rendering quinine tasteless. Aromatic syrup of Yerba Santa renders it possible to give little children full doses of quinine without the vigorous remonstrances which physicians and parents have learned to regard as inevitable.—*Northwestern Pharmacist*.

DR. WATTS OF XENIA.

This poem, by Syrenius Elliott, M.D., of Posey County, Indiana, was published in *St. Mary's Sentinel*, in 1840.

Come all who have a pain or ache,
Or who even have an ague shake,
Come quick to Dr. Watts
And take a dose that's all botanic.

He, too, can clean your teeth so neat,
A dental surgeon quite complete.
Can fix your mouth so you can eat,
And stop your teeth from aching.

If cruel pains should seize the fair,
Such as might produce an heir,
Or by his skill perhaps a pair,
He'll wait on them with pleasure,

And free them soon from all alarms
Of future ills or present harms,
And smiling place within their arms
A dear and lasting treasure.

If you should have the worms or bots,
Or have the gripping back-door trots,
Just call on Dr. Watts
And try his art in healing.

The house where Watts is wont to dwell,
Is one door east of Helm's hotel.
Just give him a call if you unwell—
You'll find your pains worth taken.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in symptomatic diseases.

Selections.

SHOULD HYPNOTISM HAVE A RECOGNIZED PLACE IN THERAPEUTICS?

I have recently read how medical men have expressed their surprise at the infliction of violence and the performance of operations without pain at hypnotic *séances*. I cannot help fancying that these professional colleagues have been just awaking from a sleep as profound as that of the eleven thousand virgins of Cologne. Thirty years ago, a fledgling in medicine, I witnessed even more mysterious phenomena during hypnosis, and more than one hundred years ago Mesmer did as wonderful things. I believe that in medicine, at some period in our professional career, we have to get through mesmerism or hypnotism like measles. In medical infancy I had both badly, and having had no troublesome sequelæ, I have no desire for a second attack of either. I accept practically all the alleged hypnotic phenomena as facts, but in hypnosis, after close watching I saw only a disordered cerebral state, an abnormal psychical condition with exaltation of receptivity and energy.

Is hypnotism a desirable and justifiable remedy? Several considerations must be taken into account in answering this question:

1. Only a limited number of persons are susceptible.

2. The after-effect was a disturbance of mental balance, a dissipation of nerve energy and nerve exhaustion. Frequent repetition is apt to cause deterioration of brain and nerve function, intellectual decadence, and moral perversion.

3. Hypnosis is a departure from health, a diseased state.

4. Hypnosis is a true neurosis, embracing the lethargic, cataleptic, and somnambulistic states. Thus, if a disease were cured by hypnotism this would be only by substituting another disease.

5. Though suffering was sometimes temporarily assuaged by hypnotic suggestion, the underlying disease was not

necessarily cured. Anyone could obtain relief from pain by becoming drunk, but this respite was dearly bought, as drunkenness usually aggravated the diseased condition. By hypnotic anæsthesia, though evanescent oblivion might be secured, the lethal power of the morbid disorder, of which the pain was a merciful, if unwelcome, messenger, was in most cases increased. The few cases I have seen apparently benefited would probably have yielded to ordinary treatment, but the patients resisted or were passive to that, while they looked forward to, believed in, and gave themselves up to the mesmerizer. Such cases would show a proportion of successes to the "faith cure," the "mind cure," or any other "cure." The greatest success of hypnotism was claimed in nervous diseases, which, however, were the very ailments I have seen in the long run intensified and confirmed thereby. In inebriety or narcomania no medical expert of repute has found hypnotism of value. I found its pretensions fallacious, its apparent benefit less frequent than that of sound scientific therapeutics, and at times only fostering the true inebriate diathesis. I therefore advise against the mesmeric treatment of this protean malady. But I employ, as does every intelligent physician, non-hypnotic healthy suggestion. To a trusting and receptive patient desirous to be cured of any ailment, the directions and prescriptions of a medical adviser with decided opinions were true suggestions of a safe, straightforward, reliable, and scientific character, an intellectual interchange of thought with a conscious and thinking being, not, as in hypnosis, a mechanical impression on an unconscious soulless mass.

6. The dangers of hypnotism too are very great. Each *séance* might bring the hypnotee more under the control of the hypnotist, ending often in the complete submission of the former to the will of the latter. A jelly-fish slavery without mental or moral backbone, is infinitely worse than days of pain and nights of agony. I have known the favorite and apparently most benefitted patient of a high-minded medical hypnotist precipitated by the consequent

nerve disorder into an asylum. There are many wrecked lives through mesmerism.

7. An elective and subtle affectivity, ending in disaster, might develop between operator and operated upon.

8. In the lethargic and cataleptic state criminal assaults have been committed by medical men, who have been convicted and punished. In the somnambulistic state the subject has been compelled by the operator's behest to commit crime. So serious were these evils that French surgeons have been prohibited from practicing hypnotism in the army and navy.

9. It is not desirable that the control of anyone's thoughts and actions should be in the keeping of a fallible fellow-mortal. It has been asserted that no one can be hypnotized unless he likes. This is partly true, but persistence by a stronger will may break down the resistance of a weaker. Again, it is urged that, as with chloroform, abuse is no bar to the use of a dangerous remedy. This is not a true comparison. Chloroform has only a limited material influence, but a hypnotizer has versatile powers of cunning and ingenuity in the obtaining and modifying of the hypnotic process as affecting brain function. The restoration of the capacity to shake off and resist power already exercised by a hypnotist, is arduous and difficult, not one in a thousand has patience to preserve long enough to regain freedom.

In view of all these possible dangers, I cannot understand why medical men in family practice should have been incited to hypnotise patients of both sexes and all ages, in the daily round of domiciliary visiting. Surely the risks of groundless accusations by the hysterical females are already plentiful enough without so ominous an addition. I cannot too strongly deprecate public mesmerism, medical, philanthropic, or commercial, as I consider it degrading and disgusting, particularly the medical patronage and endorsement thereof; and I sincerely hope that Britain too may soon follow the example of Holland and Switzerland and prohibit such entertainments. If hypnotism were still held lawful, it ought not, except in an emergency,

to be practised except by a medical practitioner in the presence of another with a third adult present, and a record kept of the object and results of each sitting, as well as of the after-history of the case. But I would infinitely rather prefer that the medical profession should set its face against the practice as a hazardous and unreliable remedy; never free from the risk of perilous sequelæ, liable to the gravest abuses, operative with only a limited number of patients, the tendency of which is apt to be inimical to the best interests of physician and patient, to produce cerebral conditions conducive to mental unsoundness, and to transmit to posterity permanent morbid nervous susceptibilities with an ill-balanced and unstable brain—more especially in these days of nerve riot, exhaustion and unrest, when o'erwearied nature yearns with an unutterable yearning for even the briefest spell of oblivion and repose.—NORMAN KERR, M.D., *Med. Press and Circular*.

THE THERAPEUTIC VALUE OF SEA VOYAGES.

Modern improvements in the construction and equipment of sea-going ships have been the means of introducing a therapeutic resource of the most signal value in not a few cases of disease that would prove intractable under any other form of treatment. The great benefit that patients, suffering under certain well defined conditions of illness, derive from a lengthened sojourn in one of the floating palaces or "liners" on the voyage from or to distant countries is now very generally acknowledged to be real and lasting; and it may safely be said that the possibilities in this direction open to invalids are entirely the outcome of the care and attention with which modern inventions have been bent to the service of mankind. In the old days of sailing vessels, when the voyages now accomplished in a few weeks took as many months for their completion, the cases suitable for submitting to this long continued change were few and far between; while the absence of comforts and luxuries on board were serious objections

even in such instances of illness as would have been manifestly benefited otherwise by a journey across the sea. Now, however, the necessities of the most delicate invalid can be met by the refinements of civilization that exist on board every one of the principal steamships devoted to ocean travelling; and the physician has no hesitation in ordering this method of cure for any or all of his patients whom he considers to be in need of such assistance towards recovery. The use of a sea voyage in consumption is a question which has often exercised the minds of medical men, and the conclusion generally arrived at undoubtedly is to the effect that there are stages of the disease which unquestionably admit of much improvement under the circumstances attending life at sea. The absolutely pure air, the constant soft nature of the atmosphere, the abundant sunshine, and the unusual freedom from clouds, all combine to influence for good the unfortunate victim of phthisis. To this effect abundant testimony is now forthcoming from observers of proved capacity; but it must, at the same time, be admitted that a few instances of injury have to be recorded, mainly owing to the fact that cases unsuitable for the treatment in question have occasionally been subjected to it. Perhaps a due amount of discrimination has not always been exercised in this connection; and patients in a late stage of disease, worn out by exhausting discharges, broken down by long-continued ill-health, incapable of exertion and needing, more than anything else, complete repose, have sometimes been despatched to undergo the sea cure when the most urgent indication should have pointed to rest at home. The favorable experience of Drs. C. J. B. and C. T. Williams in this connection has been fully borne out by that of Dr. Austin Flint in America. And Dr. J. A. Lindsay, of Belfast, in a paper communicated to the *American Journal of the Medical Sciences*, quotes several other authorities who insist on the beneficial result of sea voyages in the class of cases in question. Dr. Lindsay's own conviction is that the usually received

impression, to the effect that hemorrhagic cases do badly at sea, is not sustained by evidence; he has only known of two instances in which serious bleeding took place under the conditions named, and in neither of these did any bad consequences follow. He justly points out, that treatment of phthisis by residence at high altitudes was formerly held to be unpracticable in hemorrhagic cases, and concludes that it is just as fallacious to regard this complication as a bar to sea voyaging. On the subject of fever he admits that patients exhibiting high pyrexia should not be submitted to the uncertainties of a long journey and lengthened separation from home; but, given this proviso, fever need not *per se* contraindicate resort to the sea cure. It may be taken as a good general rule to follow, that any case in which the phthisical changes are far advanced is unlikely to prove a suitable one for such treatment; and probably this admission would now satisfy most of the objections raised against it; though some authorities, like Dr. Burney Yeo, believe that exceedingly few consumptives ever do derive real benefit from the sea voyage. While, however, we have the authority of such observers as Dr. Walshe, Dr. Douglas Powell, Dr. Wilson, and Dr. Herman Weber in support of a contrary opinion, it can hardly be doubted that practitioners will be swayed in the direction of urging resort, in suitable cases, to a method of remedy which seemingly offers the prospect of certain improvement. Nor is it consumptives only whom the rest, calm, and healthful surroundings of a life at sea are calculated to materially help towards recovery. The victims of neurasthenia, of overwork, and brain worry, are peculiarly fit subjects for such a plan of treatment; while sufferers from debilitating diseases, and scrofulous subjects, will find in it a more effectual restorative than any other that is open to them. In a word, the therapeutic value of sea voyages, as possible in the present day, is scarcely to be overrated. — C. H. WADE, M.D., *Lond. Med. Recorder*.

THE ROLE OF URIC ACID.

According to Dr. William Roberts, the formation of uric-acid concretions and calculi is really to a large extent independent of the absolute amount of uric acid present in the urine. A person may be excreting a relatively large amount of the acid, and never be troubled by anything in the nature of a gravel; while, on the other hand, with an abnormally small proportion of the acid in the urine, his life may be made a misery by the constant formation of irritating concretions. In other words, it is the deposition of the uric acid, and not its excretion, that determines its pathological significance. It was the conception of this fact that led Sir William Roberts to undertake a series of researches with the object of ascertaining the conditions that led to the too ready precipitation of the acid in certain cases independently of its presence in excess. The explanation of this phenomenon is that, in normal urine, uric acid is found in the form of *quadurates*, a super-acid combination first discovered by Bence Jones. These quadurates have the remarkable property of being not only soluble in normal urine, but of being decomposed and setting free the acid in the presence of water. This takes place in urine under ordinary circumstances in the course of three or four days, but the rapidity with which the whole of the uric acid is set free varies greatly in different specimens of urine, whether from different persons or from the same person at different periods of the day. The fact that the quadurates resist the influences at work for so long a period led the author to infer that the urine must contain ingredients which inhibit or greatly retard the action of the water in the urine upon the quadurates. The most important factor in this respect has been shown by him to be the saline constituents, and secondly, of the pigments in the urine. These results explain with a clearness that has not before been approached, the prevalence of acid calculous formations among peoples in countries and districts, and among classes of our own population in

which, for any reason, the diet is unduly poor in saline matter. In certain districts in India, for instance, where salt as an article of diet is more or less of a luxury, acid calculi are extremely frequent, and among the children of the working classes in this country the use of food stuffs poor in mineral constituents may account for the preponderance of calculus among them as compared with the children of parents higher up in the social scale. So far as India is concerned, the lack of salt as a condiment is enhanced by the marked poverty of rice in mineral constituents. It is not denied that the nitrogenous qualities of the diet does influence the production of uric acid, but, as we have already pointed out, this is of secondary importance, because meat contains a large proportion of salts, the effect of which is to tend to keep the acid in solution. The well-known immunity of sailors from calculous affections, notwithstanding a dietary rich in nitrogenous matter, is presumably due to the large proportion of saline materials contained in the salted meat at their disposal. There is a popular idea that the ingestion of sugar is associated with a hyper-production of uric acid, but neither clinical observation nor experiment at all confirms this view. That the nitrogenous constituents of the dietary are not alone, or even principally concerned in the formation of the acid, is evidenced by the fact that the proportion of the acid in the urine of carnivorous animals is a thousand times less than that in urine of certain small birds and insects which feed exclusively on articles drawn from the vegetable kingdom. The practical outcome of these researches, which we have merely outlined, is, as stated by Sir Alfred Garrod, that the great object in the preventive and curative treatment is to correct the conditions which bring about the changes in the urates which lead to the deposition of the insoluble acid. This fact may prove the *point de depart* of an improved method of dealing with a very obstinate and painful pathological condition, and it almost justifies the hope that, at some time in the near future, the physician may be enabled to forestall the surgeon,

and by rendering the formation of this class of concretions a rare event, to dispense with the skill and ability in this particular department with which the name of Sir Henry Thompson has for so many years been honorably associated. —*Med. Press and Circular.*

STROPHANTHIN.

Dr. A. Rothziegel, in reporting a number of experiments with this drug, states that the single dose was from 1-300th to 1-200th grain, and the daily dose from 1-40th to 1-12th grain. The drug was given either in solution or in the form of capsules of 1-200th grain, or in hypodermic injection. The results were as follows:

1. The circulatory system was very favorably influenced, the effect chiefly consisting in strengthening and regulating the pulse. The pulse became stronger even after small doses, and in a very short time (from five to ten minutes). The arrhythmia of the pulse was influenced later, in most cases on the second or third day after the administration of the drug. The effect, in general, occurred later than after the use of digitalis, but when the drug was further continued, its effect lasted for a considerably longer time, and also for a certain time after its discontinuance.

2. It was particularly the disturbances of the heart's action which occurred in various organic diseases of that organ, and especially dyspnoea and palpitations, which were favorably influenced by strophanthin.

3. The urinary secretion was considerably increased after the administration of strophanthin but not so much as by digitalis or tincture of strophanthus. The increase also persisted for several days after the discontinuance of the drug, and seemed to be due to increase of the blood pressure, rather than to a direct effect on the kidneys.

4. Gastric disturbances were exceedingly rare, and, when these occurred, strophanthin was administered in capsules, and was well borne. Increase of appetite was frequent. The action of the bowels and perspiration were not influenced by strophanthin.

5. The nervous system was influenced indirectly by the regulation and strengthening of the cardiac activity.

6. A cumulative effect was not observed after the use of strophanthin.

7. Subcutaneous injections of aqueous solutions produced rapid and permanent strengthening of the pulse, and when carried out under strict antiseptic precautions no local or general irritative symptoms were observed.

8. The tincture of strophanthus was on the whole preferable to strophanthin; it was more certain, rapid, and energetic in its effect, especially as regards the urine. Where, however, neither the tincture nor digitalis was well borne, strophanthin was often a useful substitute.

9. The indication for strophanthin in valvular affections, with and without affections of the myocardium, as well as inorganic affections of the cardiac muscle alone, was insufficiency of the heart's action with the symptoms resulting therefrom. In acute and chronic Bright's disease, as well as in pleurisy, strophanthin was a diuretic only when the scantiness of the urinary secretion was due to cardiac insufficiency. In tubercular pleurisy it had no effect.

—*Brit. Med. Journal.*

POINTS TO BE OBSERVED BY ELDERLY MALES.

Dr. R. Harrison (*Medical Press and Circular*) says:

1. To avoid being placed under circumstances when the bladder cannot be emptied at will. Nothing is so bad for a large prostate, though it may be working satisfactorily, as an enforced retention. It is often the first cause of a permanent atony.

2. To avoid checking perspiration by exposure to cold, and thus throwing additional work on the kidneys. In climates like our own, elderly persons should, both in summer and winter, wear flannel next the skin.

3. To be sparing of those wines and spirits (if used at all) exercising a marked diuretic effect either by their quantity or quality; select those which promote digestion without palpably

affecting the urinary organs. A glass of hot gin and water, or a potent dose of sweet spirit of nitre, will not do anything to remove the residual urine behind an enlarged prostate.

4. To be tolerably constant in the quantity of fluids daily consumed. As we grow older our urinary organs become less capable of adapting themselves to extreme variations in excretion. Therefore, it is desirable to keep to that average daily consumption of fluids which experience shows to be sufficient and necessary. How often has some festive occasion, where the average quantity of fluid daily consumed has been largely exceeded, led to the over-distension of a bladder long hovering between competency and incompetency. The retention thus occasioned by suspending the power of the bladder, has frequently been the first direct step towards establishing a permanent, if not a fatal, condition of atony or paralysis of this organ.

5. It is important that from time to time the reaction of the urine should be noted. When it becomes alkaline or offensive, the use of the catheter may be necessary. When a catheter is required it is most important that its selection should not be left entirely to the instrument maker. There are other points to be considered beyond the fact that it is to serve as an artificial outlet for the urine from the bladder. An unsuitable catheter in a prostatic case may do much permanent harm.

6. Some regularity as to the time of performing micturition should be inculcated. We recognize the importance of this in securing a regular and healthy action of the bowels, and though the conditions are not precisely analogous, yet a corresponding advantage will be derived from carrying out the same principle in regard to micturition.

A PROCEDURE FOR WASHING OUT THE MALE BLADDER WITHOUT THE USE OF A CATHETER.

Dr. Rotter describes, in the *Centralblatt für die Gesamte Therapie*, July, 1890, a method for washing out the male urinary bladder without the use

of the catheter, by which the introduction of infectious germs into the bladder by the catheter is thus avoided. The author employs a rubber tube attached to an irrigator filled with lukewarm antiseptic fluid, on the end of which is a mouth-piece, wrapped with antiseptic gauze and covered with vaseline, to render its insertion into the orifice of the urethra more readily performed. The tube is filled with liquid, and air allowed to escape, and then inserted for about half an inch within the urethra. Immediately before the operation the patient must first empty the bladder, and is then placed upon his back, with the legs separated and flexed upon the pelvis, the hips being somewhat raised; the end of the tube is inserted into the urethra, and held fast with the fingers, and the fluid allowed to enter. Within one or two minutes, it is stated, the sphincter of the bladder relaxes, and, after three minutes, the liquid enters the bladder.

The pressure may be regulated by the height to which the irrigator reservoir is elevated. After the removal of the tube, the patient may readily empty his bladder of the fluid introduced, which may amount to a pint or more.

—*Therapeutic Gazette.*

THE MICROBIAL ORIGIN OF ALOPECIA.

Hitherto that form of baldness in patches known as *alopecia areata* has been looked upon as a tropho-neurosis, no micro-organisms having been identified in association with its production. The fact, however, that several cases are on record pointing strongly to contagion, raised a doubt as to the correctness of this view. Some recent researches of MM. Vaillard and Vincent, published in the "Annales de l'Institut Pasteur," on a form of alopecia occurring among soldiers, and very similar to *alopecia areata*, show that this particular malady is due to the presence of a micrococcus, which, when cultivated and inoculated, produced an exactly analogous disease in animals.

—*Med. Press and Circular.*

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending October 3, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Croup.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....	2	..	..	..	..
2.....	1	..	..	..	..
3.....	3	..	..	..	..	..	1	..	..	..	..
4.....
5.....	2	..	..	..	..
6.....
7.....
8.....	1	..	..	..	..
9.....	1	..	..	..	..
10.....	1	..	..	..	1	..	..	..	..
11.....	1	..	..	..	3	..	..	..	..
12.....	1	..	..	..	2	..	..	..	..
13.....
14.....	2	..	..	..	..
15.....	2	..	..	..	..
16.....	2	..	..	..	..	..	..	..	..
17.....	1	..	..	..
18.....	1	..	..	..	..
19.....	4	..	..	..	..
20.....	2	..	..	..	..
21.....
22.....	1	..	..	..	..
23.....	2	..	..	..	1	..	..	..	..
24.....	2	..	..	..	..	..	..	..	..
25.....	2	..	..	..	..
26.....
27.....	1	..	..	..	..
28.....
29.....	1	..	..	..	..	..	..	..	..	..	..
30.....
Public Institutions.....
Totals.....	4	..	9	..	..	..	30	..	1	..	5
Last week.....	1	..	7	..	..	..	28	3	1	..	4

The following is the mortality report for the week ending October 3, 1890.

Cholera Morbus.....	1
Diarrhoea.....	2
Diphtheria.....	6
Enterocolitis.....	2
Typhoid Fever.....	5
Other Zymotic Diseases.....	2—18
Cancer.....	3
Marasmus.....	4
Consumption.....	12
Other Constitutional Diseases.....	0—19

Right's Disease.....	1
Tronchitis.....	2
Gastro-Enteritis.....	1
Heart Disease.....	8
Liver Disease.....	4
meningitis.....	3
Nephritis.....	2
Peritonitis.....	2
Pneumonia.....	6
Other Local Diseases.....	18-47
Deaths from Developmental Diseases.....	11
Deaths from Violence.....	10
Deaths from all causes.....	105
Annual rate per 1,000.....	16.8
Deaths under 1 year.....	19
Deaths under 5 years.....	30
Deaths for corresponding week of 1889.....	115
Deaths for corresponding week of 1888.....	88
Deaths for corresponding week of 1887.....	160

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 68 cities and towns during the week ending October 3, 1890:

Diphtheria: Alliance, 3 cases; Berea, 2 cases, 1 death; Cincinnati, 30 cases, 6 deaths; Cleveland, 16 cases, 6 deaths; Dayton, 23 cases, 6 deaths; Hamilton, 4 cases, 1 death; Ironton, 1 case; Lima, 1 case; Lockland, 2 cases, 1 death; Madisonville, 1 case; Navarre, 1 case; Nelsonville, 2 cases, 1 death; Sandusky, 3 cases, 2 deaths; Springfield, 2 cases; Tiffin, 6 cases, 1 death; West Jefferson, 1 case, 1 death.

Scarlet Fever: Akron, 1 case; Alliance, 3 cases; Cincinnati, 9 cases; Cleveland, 10 cases; Dayton, 1 case; Mansfield, 1 case; Mt. Vernon, 1 case; New Carlisle, 1 case; Oberlin, 1 case; Springfield, 1 case; Youngstown, 1 case.

Typhoid Fever: Ada, 4 cases; Amelia, 3 cases; Bellevue, 1 case; Berea, 3 cases, 1 death; Beverly, 1 case; Cadiz, 1 case; Celina, 2 cases; Chester Hill, 1 case; Cincinnati, 3 cases, 5 deaths; Cleveland, 19 cases, 4 deaths; Clyde, 1 case; Conneaut, 1 case; Fostoria, 2 cases; Leesburg, 1 case, 1 death; London, 6 cases; Mansfield, 1 case; Mentor, 2 cases; Navarre, 1 case; New Carlisle, 1 case; New Lisbon, 2 cases; New Straitsville, 3 cases, 1 death; Oak Harbor, 4 cases; Sabina, 2 cases, 1 death; Salem, 2 cases; Sandusky, 1 case; Shelby, 1 case; Sidney, 2 cases; Springfield, 1 death; Uhrichsville, 3 cases, 1 death; Xenia, 2 cases; Youngstown, 7 cases; Wabash Tp., 4 cases.

No infectious diseases reported to health officers in 20 towns.

C. O. PROBST, M.D., Secretary.

SUBSCRIPTIONS to the *Lancet-Clinic* may be commenced from any date.

REDUCED rates are only for those who pay in advance.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Concluded).

ONE OF LISFRANC'S OPERATIONS.—Called to see a young woman, who, following accouchment, had a destruction of the perineum, Lisfranc put in a suture. Several years after a young man called at the physician's office. "Doctor," said he, "I have been married for eight days, yet, in spite of all my efforts, I am not yet really a married man. I come to ask you to examine my wife, in order that she may be operated on, and the obstacle to the consummation of the marital act removed. My wife is waiting outside, as I did not wish to alarm her by my conversation." Lisfranc opened the door and called in the woman. She, as you may have already opined, was the young woman in whom Lisfranc had once placed a suture. When alone with the physician, she remarked: "Please do not tell Paul of my previous mishap. If he knew all, he never would have married me." To which Lisfranc replied: "Probably not."

HAD A REPUTATION ALREADY.—The celebrated Larrey was called to the court to attend the young Princess in confinement," and the King said: "Ah, you should be highly pleased to attend my daughter in such a case. It will make your reputation, will it not?" To which Larrey replied: "Sire, I should not be here as *accoucheur* were my reputation not already established."

LET us end this string of anecdotes from Witkowski's collection with an English adaptation of Oliver Basselin's favorite song, which is still sung in portions of rural France, at vintage time:

WINE THE BEST REMEDY.

I cannot find in medicine,
A simpler remedy than wine;

Blessings on that health-giving plant!
The green and purple clustered vine.

There is not in the chemist's shop
A remedy that's more divine
Than subtle, fragrant claret red;
Thank God for the delicious wine.

No use to call a doctor in,
Better your silver money shine
Within the good innkeeper's till,
For fair return of healthful wine.

The *recipe* that I prescribe,
For gentlemen and ladies fine,
No matter what disease may be,
A bumper full of rich old wine.

No water dare to offer me,
I worship at different shrine;
Bring me a glass of choice Orleans,
If die I must, I'll die with wine.

No tea nor gruel do I need,
No milk nor vegetables be mine,
Give me the remedy that cheers
The nectar extract from the vine.

Yes; I would sell my heritage,
To dwell on Neckar or on Rhine,
To live where purple grapes most droop,
Full of the succulent juice of wine.

The day will come when I shall fly—
Lord, let me at thy table dine,

And bid Saint Peter bring to me
A brimming glass of Orleans wine.
[THE END].

TREATMENT OF CHLOROSIS.

Dr. Huchard, who is probably better known than any other physician in Paris, as an authority on diseases of the chest and circulatory organs, publishes the following treatment of chlorosis:

Lactate of manganèse, $\mathfrak{z}\text{ijss}$;
Ext. of cinchona, $\mathfrak{z}\text{ijss}$;
For 100 pills, 3 to 6 daily.

Arsenate of soda, $\text{1 gr.};$
Water, $\mathfrak{z}\text{x}$.
Two tablespoonfuls daily during meal time.

As chlorotic persons suffer constantly from indigestion on account of the insufficiency of hydrochloric acid in the stomach, Dr. Huchard recommends the following syrup:

Hydrochloric acid, $\text{xxx drops};$
Sirop of bitter orange, $\mathfrak{z}\text{j}$;
Water, $\mathfrak{z}\text{iv}$.
One tablespoonful immediately after the two principal repasts.

—*Med. Press and Circular.*

The Acutely Ill.

When a patient is acutely ill, the digestive powers share in the general condition, and consequently the food supplied should be of the most easily assimilable character. The predigestion of starchy matters outside the body, as in MELLIN'S FOOD, is necessary, and the soluble carbohydrates of which this food consists, soluble because predigested, form the true food of the acutely ill.—J. MILNER FOTHERGILL, M.D., Edin.

A sample of MELLIN'S FOOD will be sent to any physician, free of expense, upon application.

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Original Articles.

PARACELSUS AND HIS TRIBE.

An Address Introductory to the Lectures at
the Miami Medical College, delivered
October 1, 1890,

BY

DAN MILLIKIN, M.D.,
HAMILTON, O.

In the year 1493 there was born to a physician in Zurich a son. That brief statement is equivalent to saying that the child was greatly blessed in his nativity. For I hold that it was no little thing to be born in Switzerland, where learning and a reverence for learning was in the very air, and where the valleys between the great shoulders of stupendous mountains had been for ages the nursery of a brave and liberty-loving people. I hold it was no little thing to be born the son of a doctor, for, take them as they go, doctors have ever been wise and careful fathers, as their sons have been worthy boys and men. Nor was it a small thing to be born in that wonderful time in the last years of the fifteenth century. Then Islam had been finally repulsed from Eastern Europe, and the Moor, after bringing great benefits, had been expelled from Western Europe. These were the wonderful days of Ferdinand and Isabella. Columbus was on the seas, and the air was full of the rumors of new routes and new worlds. England was in travail of political and religious revolutions. Loyola was brooding over that mighty engine of culture and discipline and political conquest which he presently organized. A portentous date was near, the natal day of Charles V. A mighty reformation within the Roman

Church had aroused that hoary and sluggish organization. The Holy Inquisition, most unholy of all the devices of man, was coming into the world to do its work and threaten the very power which invoked it. Meanwhile a great religious reformation and revolution was progressing from the periphery of the church. The doctrines of Galileo and Copernicus were developing and were soon to be formally announced, and men's minds began to be enlightened as to the greatness of the universe and the infinite littleness of mundane authority. Clattering presses were at work in all corners of Christendom, printing bibles and other precious heresy. Wholesome doubt, investigation and increasing knowledge were everywhere. The world had awakened after a long slumber. A year of life was worth any decade since Roman times.

This lucky boy of whom I speak was a bright fellow, but fickle. From his teachers and from his father, Doctor Hohenheim, he acquired learning most readily; but he had the instability which belongs to genius, and he broke away from all systematic study and all regular life before he was a man. After he attained man's estate, he devoted himself to conjuring and jugglery and alchemy, though alchemy was then passing out of fashion.

He was afflicted at an early age with the most intense vanity and the confidence which oftentimes accompanies it. He used the names of Phillippus Aureolus Theophrastus Paracelsus Bombastus de Hohenheim. Some of these belonged to him, but some of them he simply picked up and carried to astonish the vulgar. The name of Paracelsus, by which he is best known at this time, is supposed to have been invented by him

at some stage of his development to assert his superiority to Celsus.

Such was his intellectual acuteness and such his waywardness, that he is said to have received an irregular education in medicine and the sciences. There is evidence that it was very irregular indeed. Always pretentious and always moving, he hacked about the world, for it was then a little world, in search of information and profitable adventure. He studied mining, after some fashion, and chemistry in some superficial way. It is said that he attached himself to the suite of a Tartar prince in order to visit Constantinople, and, among other things, his object in visiting such a remote region was to consult a certain Greek as to the composition of an alchemistic elixir, and he was never stingy of hints that this was, in fact, the very elixir of life.

Returning to the Occident, he bore with him strange airs, just as some of our young doctors bring strange airs from Europe in this nineteenth century. Assurance and audacity and a few notable cures procured for him an invitation to lecture on physic and surgery at Basel. He held his chair for more than a year in 1526 and 1527. It was perhaps characteristic of him that, where Latin was the language of wisdom, he mostly used the vernacular in his lectures, as if to show himself superior to authority and tradition, and anon he lectured in barbarous Latin to show the common people that he was as learned as any of the faculty.

From first to last he attacked everything and every person who had any relation to the teaching or practice of medicine. He railed ceaselessly against all, ancient and modern. He piled up the works of Galen and Avicenna in the streets and burned them publicly. He often called himself the monarch of medicine. He declared that he could cure all diseases, and that he could prolong life indefinitely. He boasted that he had more learning in the hairs of his beard than was possessed by all the universities and all the books extant.

An instructor of youth and a counsellor of the aged, he adopted all sorts of filthy eccentricities. He slept in his

clothes. He haunted low taverns. He kept himself in a state of drunkenness when he lectured, when he wrote, and when he went to see his patients.

Before the end of the year 1527 he had quarrelled with the magistracy of Basel. It would appear that he was non-suited in the collection of some fees, and, besides, the authorities did not proceed according to his notions in the regulation of the apothecaries of the little city. Upon that he became so insolent that the town was uncomfortable for him, and he began a new career of wandering through Germany. It must have been a sore tramp for him, for he had tasted of fame and power, and now he wandered with his prestige sorely faded. From town to town he travelled, depending always upon immediate success, but pretentious as ever. Where he made a notable cure, there for a little time he was a great man, but when he lost an illustrious patient, his o'erblown reputation collapsed again. After some bitter years he settled in Moravia, and life was again promising for this prince of all charlatans, but presently a streak of ill luck came to him, and he was rated a vulgar and ignorant humbug, and then, perforce, he moved on like a wandering Jew. He settled in Vienna, and for a time he acquired notoriety rather than fame. He passed on to Villach and Mindelheim and other little towns, which are only names to us Americans. Last of all, he reached Salzburg. He could go no farther. He dragged out a few wretched, drunken years of filth and poverty, and died there in the year 1541, when he was only forty-eight years old. His mourners were few. It was a current joke, for a little time, that one who had the elixir of life should die at all, but the bitter jest wore out, and he was well-nigh forgotten in a few months.

And yet this man, Paracelsus, was a man richly endowed and capable. We stand amazed at his intuitions, which seem to have pointed him the way to great discoveries, but never to have conducted him far. Along with many fanciful cabalistic ideas he seems to have had in his mind a conception, clear enough, that many diseases were due to

some chemical perturbation and that they might be antagonized by chemical means. Had this thought been worked out by a man of his ability it would have amounted to a capital discovery; but in Paracelsus' mind the conception was merely a basis for railery against all received practice, and against the Galenical preparations of vegetable drugs, which, in those days of crude chemistry and coarse pharmacy, could not be dispensed with. Fortunately, his chemical predilections led him to the introduction of many salts and other definite chemical compounds into his practice, tho' this had previously been looked upon as unphilosophical and unsafe. He may almost be said to have introduced antimony into the pharmacopœia, tho' that is certainly doubtful praise. There is little doubt that he was the warmest advocate of the use of mercury in specific disease, and he used it with great success. Up to this time no man had been able to use opium to so great an advantage as he. He was ever on the very verge of great discoveries; he was almost a useful man. But he failed to perfect anything, as a drunken braggart, doubly intoxicated with his own vanity, must ever fail in that which requires persistent labor directed to a foreordained conclusion. He died in the prime of life, or in what should have been the prime of life, and in the prime of the best century the world has ever seen, save our own century. But his name was writ in water, and indeed, we only know him by that silly title which he obtained neither by inheritance nor baptism, but merely coined out of his impudence.

I have introduced these few words of biography of Paracelsus because it appears to me that we may profitably ponder for a half hour on him and that type of doctors which, by an ill pre-eminence, he represents. He was the worst and the best of all the quacks that ever lived.

For, if you please, what is a quack? Pretence and falsehood are essentials. Without them there is no quackery. That this is true we all recognize in flagrant cases. We see a man far down the street with a red coat or a huge hat

standing and gesticulating in a carriage or on a platform, and we know before we come within ear-shot that he is a charlatan. We come nearer and listen to his loud eulogium of his corn-extractor or his pain-killer or his safe kidney cure or his liniment, and we are confirmed in our first impression. His coat asserts that he is a man different from other men, and by that sign we know that he is a liar, for there is no man very different from other men.

Nor can we relax our harsh judgment if the fakir happens to have an office and a wife of good family and a church pew. If he assumes the airs of one who is of a superior order of beings, he is something of a charlatan. You know the man I allude to. He makes much of his diplomas and certificates. His dress is quite out of taste, never such as is worn by other hard-working men. He has every new piece of apparatus and gimcrack that is advertised and offered for sale by the instrument-makers, and when they make sales to him they urge that his patients will be impressed with the nickel plate on this receiver and the mystery of that cabinet so that the entire cost of the new apparatus and of the advertisement will quickly be repaid from the office patients. Men of this sort even make a display of the ordinary and indispensable pieces of apparatus which we must all keep and use in our offices. Let me assure you that I do not censure these garish clothes, this lavish display of brass and nickel on apparatus and harness, nor these "loud" displays of instruments, because they are out of taste—it is folly to quarrel over matters of taste as it is to try to agree about them. These gauds appear to me to be clearly censurable because they are intended to attract attention and to assert some extraordinary and occult power.

The charlatan's pretence and self-assertion are not always conveyed by dumb show and mute appeals to simple people. He is a talking animal. Of his past performances he spins beautiful fairy tales. When I was young in the practice of medicine there was born under my care a male child with an imperforate urethra. We were all dis-

tressed at this defect, and I set about the business of correcting it, greatly cheered on by an old lady, who remarked that it was doubly unfortunate because the child was a boy! I succeeded with probe and knife in restoring the obliterated channel, which, as I inferred from the old lady's remark, had two important functions to perform, and I confess that I was quite proud to be sprinkled freely by the baby before I could get out of range. Within an hour or two I was visited by the father, who told me that he highly appreciated my services as family physician and accoucheur, but that he had resolved to place his child under the care of a certain doctor who had had a large experience in the management of these cases after operation. "Has he many cases of this kind?" I asked. "Oh, yes; he told me the details of at least a dozen such cases he had treated, and I am satisfied from what he told me that the after-treatment of these cases is the important thing." I could do no less, under the circumstances, than send my congratulations to the other doctor on having caught a sucker so easily, for it is rare that that sluggish fish will rush upon the bait and hook, and bolt them down without preliminary nibbling.

I could tell you of another doctor who declined to cut the frozen foot from a pauper in an infirmary, and the reason he gave was that he had cut off so many legs and arms when he was at the front in the late war of the Rebellion that he was sick of the whole business. I could never understand why he had such a loathing for work in which he had been so successful, for he took pains to inform the persons most concerned that he used to amputate and amputate all day long while the soldiers wheeled away the arms and legs in wheelbarrows, and he only lost one patient out of seventy, or, if the weather was bad, one out of about sixty-five. I heard a man say once upon a time that in nearly forty years' practice he had never lost a baby in the summer from any disease of the gastro-intestinal tract. I knew a young doctor who had practiced scant three years and was asked how many obstetric cases he had at-

tended. "Well," he remarked, "it seems the oddest thing in the world that you should ask me that, for I was just thinking that there might be luck in round numbers, and that this was my five-hundredth case." The patient was a prodigy among women in this: she could multiply and divide. She quickly made a computation that showed her the doctor had only been in practice for about a thousand days, and that, to make his words good, he must have received an obstetric call every two days.

And as the quack brags of the aggregate, so he brags of his individual cases. To-day he told how he tied an artery as big as his thumb in a wound almost as deep as a well and as wide as a church-door and so inaccessible that no one could understand the situation without seeing it. Last week he would have had one of the most malignant cases of typhoid fever that ever was seen if he had not broken the fever by means habitual to him but unknown to most physicians. Last summer he arrested a case of hip-joint disease in its last stage, by God, and got the boy out with both legs of a length, and if you don't believe it he can take you down and show you the very house where the boy used to lie in bed and suffer.

Sometimes these fellows of redundant imagination and small literary instincts break into the medical societies and even into the medical journals. I heard, once upon a time, of a very bright young doctor in Philadelphia who wrote himself into the notice of the local profession by publishing in the Philadelphia medical journals a series of the most remarkable and unique cases treated by him, and the only way in which he could compound with his conscience for this mass of falsehood was by making all of these imaginary cases prove fatal in his hands. But the thorough quack never does this: not one of his cases dies in print nor in the grave deliberations of the medical societies. Most of the cases he reports have come to him from other physicians after a most shameful and palpable error of diagnosis, often combined with

damaging errors of therapeutics also. He corrects all this and saves them to pursue careers of usefulness and thankfulness.

But we must not make it appear that the quack's fictions are all placed in the past. His nimble fancy deals also with the present. He has much to say of the diphtheria he is now treating: it is a trifling sore throat. Every ephemeral fever he meets is a grave threatening of a continued fever. He is busy with urinary examinations, and it is a mighty dull week when he doesn't discover an incipient Bright's disease. Each headache is a congestion of the brain. The slightest indisposition in a moneyed patient indicates chronic malarial poisoning, especially in the cities where there is no malaria and where rich dunces abound.

And he carries strange instruments to give point to his dismal diagnoses. I have recently known one who used an aural mirror to reflect diffuse daylight toward a patient's eye, and, looking through the central aperture of the mirror, he declared that he could see an abscess on the orbital bone. He was an ignorant fellow, but I have known a very learned man who carried his ophthalmoscope to every new case, and, calling for a lamp, he darkened the room and astonished every person, including the family physician in cases of consultation, by peeking about mysteriously and talking of disks and papillæ when the patient merely had pulmonary consumption or chronic dysentery or the mumps.

I think that this present audience understands this game as well as honest men can understand any sort of humbuggery. The use of the ophthalmoscope and other "diabolical instruments" implies great thoroughness of research, great knowledge, occult wisdom, great danger, and appropriate compensation.

I beg the fortune-teller's pardon, but it comes in my way to remark that the quack is like death and a fortune-teller, in that he has all seasons for his own. If he lies as to past performances and as to present cases, so does he lie as to what he can do in the future. As a

matter of fact, his pretended past is only an advertisement for the golden future which allures his brazen soul. He has much to say of his swift cure of chronic cases, and he makes great promises. It is characteristic of the fair physician that he will make no promises at all; cases come to him without bargains. But the quack is always agog to make promises and time-contracts, as if he were a common carrier or a builder of houses, and he is glib in stipulations as to fees. He is anxious, always, for some small fraction of his fee paid down in advance, for he has a half-acknowledged belief, always, that he will never receive the full amount agreed upon. I know of one such thief who promised to cure an old man of a cataract, solely by the use of collyria. The aged and confiding victim cheerfully agreed to pay five hundred dollars for restoration to sight by bloodless, painless, simple, and natural means. Five hundred dollars seemed very little to be paid for sight restored to both eyes, when a famous ophthalmologist had asked a fee of three hundred dollars for operating on one eye, and would make no promises as to the result. And when the fee had been agreed upon, and the sight had been improved by the first instillation of atropine, the request for a cash payment of fifty dollars, "just to show good faith and meet running expenses," seemed a very fair one. A check was soon drawn; the sight never improved any further; the remaining four hundred and fifty dollars were never paid over, but the doctor was a long way ahead, according to his way of looking at things, for, as he smilingly remarked, he had the half century in bank.

I have heard of another scamp who took a good fee from a newly married man, who was fool enough to wish to assure himself that his first child should be a boy. The cunning creature reflected that, as matters go, there was a fighting chance that the union would be infertile, and in that case he would be safe from all reproaches. Then the chances were about 104 to 100 that the baby, if any came, would be a boy; and, last of all, should an unwelcome daughter arrive, he reflected that he

would be a poor chump of a doctor if he could not point out some essential point in which his complicated prescription had been neglected; and, at any rate, true to the code of quackery, he had his fee.

Some of these rascalities are amusing, but I could never extract any sport out of the promises which the quacks make to cure disease, hopeless and chronic in its nature. It is a robbery too hideous. I confess that my blood is stirred with a certain admiration for the villain who plans a highway robbery, bids his victims come out of their stage, and overawes them by a superior courage. He is no common robber, and there is, at first glance, something so manly about the exploit that I am apt to forget that the fellow is a thief *in esse* and a murderer *in posse*. So, also, of the pickpocket and sneak-thief. I own that I am half-way on the road to envy them before I reflect that they take something for nothing and are thieves after all. But, my good friends, uncover yourselves and crook the knee before these common thieves and highly emulate their deeds before you regard with patience or charity the scoundrel who, without courage, or address, or dexterity, wins the confidence of some trusting, hopeful, credulous incurable, and takes money from the slow-dying creature under a promise of cure. Hope is the last prop to be knocked out from under such a failing creature by kindly nature; such is the rule, and the conquest made by the quack in such cases is too vulgarly easy. It is a robbery which I think many a burly burglar would scorn for its cowardliness, and the light-weight artists in theft would despise for its tame safety. If I rob with the aid of darkness and slumber, it isn't so very bad. To avail myself of the contents of a rich woman's portemonnaie, conveniently placed in a preposterous pocket, is not so very wicked; it is missionary work looking to dress reform. To go through a train, breeding a panic and robbing the too-comfortable passengers in the sleeping coaches, is no great harm, relatively speaking; most of them need the stimulating excitement more than they need

the money anyway. But to tell a man with an internal cancer that I can cure him; to tell another with a hopelessly ruined liver that I can prevent his drowning in his own fluids; to tell a confirmed epileptic that I can arrest his terrible storms; to tell the bronzed victim of Addison's disease that I can bleach him and drive away his lassitude; to blarney big fees out of a consumptive far gone—all this is unspeakably cowardly, because not one of my victims has a chance to raise against me, and no penitentiary opens its doors before me.

Avarice is not dishonesty, but it surely leads to some sort of cheater. The quack takes all that he can get, and makes the most of every opportunity. I realize that I am on delicate ground, and I make haste to say that I have no objection to a large fee when it comes to me or to my neighbor. The price of a thing is just as much money as it will bring. That is a fair rule when we sell farms, or beeves, or brains, or special knowledge. An exchange on that basis does good to buyer and seller, and that makes it equitable. I like to take big fees, and I like to hear of them. I can almost say that the bigger they are the better.

How then censure the quack's big fees? Marry this way? The honorable physician springs no surprises on his patients and patrons. He takes no advantage of emergencies. He is seeking his reasonable reward, and that is a reward commensurate with his standing and his success in practice. More important, and more characteristic, the true physician seeks to secure always his *usual* reward. He does not work a case for all that's in it, as the slang phrase goes. When his services have come to an end he does not scramble for all that he can scare out of a patient; he takes his usual fee for similar service under similar circumstances. Is the patient ashamed of his ailment, or of some confession which came out during the conduct of the case? The physician does not find his opportunity and make money out of shame; he hates the very appearance of blackmail; he takes his

usual fee. Is the patient clearly ignorant as to physicians' rewards? The worthy doctor does not trade upon ignorance; he takes his usual fee. Has the patient gone over to the great, silent, well-behaved majority in the grave-yard? The honorable physician makes no money out of the fact that such clients never challenge an account; he takes from the administrator his usual fee. Has the lucky doctor a new and wealthy patient? He scorns to be a robber; he charges his usual fee and no more. Is a patient preposterously grateful for small services rendered? The doctor yields himself and basks in her sunny gratitude, sweeter to him than the genial sun that bids the dandelions bloom in April; but he scorns to make money out of a beautiful sentiment; he takes his usual fee.

But oh, your, quack! he cuts to the bone! If a patient dies, the bill doubles itself instantly, as if swollen with pride to be a preferred claim. Ignorance, credulity, shame, cowardice, bashfulness, and almost every human foible, are so many multipliers on the quack doctor's ledger. The rich patient is plucked at the first encounter lest a greater familiarity breed contempt. In this, as in many other cases, the wretched pirate little reckes that he kills the goose that has golden eggs in embryo.

The quack deems that every case he does not treat is, in some way, so much of a loss to him. He is animated by a golden rule of his own, based upon envy, that "coal come hissing hot from hell." Restrained by no considerations, he therefore, with logic much better than his morals, traduces his neighbor with the intent to injure his neighbor's practice. Sometimes I have been compelled to admire the skill wherewith he goes about this. Where and when he dares, he proceeds to the coarsest denunciation and common slander. We all make our blunders and we may trust the neighboring quack to turn up every one of them. It is according to his notion of how to get on in the world. But it is when he dare not be so rough and bold that he displays all his fine art. He deals then in fine innuendo,

and damaging suggestion, and deprecatory shrugs, and damning faint praise. Give him but a fulcrum, and the accomplished and trained slanderer will move the best of us out of our best families. We only have left to us a remnant, a clientele that will not listen to him at all; and for my own part, I am glad of it.

For men and brethren, these vermin have their place and their use. They train the public to appreciate better men and better methods, I think, and many a time their dupes have grown tired of deception and trickery, and have become good friends of better doctors. And if they don't, why should we regret it? It is better to practice among the best and most intelligent of the land provided always that we do no wrong to repulse the foolish. And, after all, greater than the charlatan's sins against us, greater than all his dishonesty against the sick and credulous, greater than all his sins against the dead, are his sins against himself. A wreck of the faith of a feeble and trusting person is a sad abuse of which I cannot speak gravely enough, but saddest of all is the wreck of a life of which we can say usually, that it might have been useful and pure. Wandering far from his high ideals he hears it not, but sometimes I have fancied that I have heard the better angel of some little Paracelsus calling from the high cliffs of Might-have-been, "Come up hither! Even yet! Here wait your young ideals! Here may you find your hopes! Come up! Come back! Come breathe this purer air! Come walk on these serenest heights with me!" Alas, gentlemen, as the gifted Paracelsus strode on from town to town in wrath and shame, ever restless and in distress, ever sinking to lower and lower degradation to die despised at last in Salzburg, so do his successors of this century, of whom we have made this mournful study, find it well-nigh impossible to return to the old days and the aspirations of the old days. It is a rare man who can turn back the dial and begin life anew.

You will pardon me, I am sure, that I have said so much about honesty and sincerity as distinguishing the physi-

cian, and nothing about learning. Let me then say that it is my belief that the wisest physician learns little of himself. His attitude toward learning is of far greater importance than his attainments. The doctor who is fit company for you and me is one who keeps step with his fellows, and, as we often say with great discrimination, "belongs to the profession." He touches elbows with his nearest neighbors, and, through them, he is in sympathy with the whole army. The fellow feeling brings him constantly into relation with the teachers and thinkers, great and small. He is one of a fraternity, one of a sodality, one of a great academy, and he is inspired by the fact. And so it happens that a very humble man may be a very useful and worthy physician if he is only sincere and honest in all things, and faithful to the "profession," for it carries him along, continually enlightening him and increasing his power. Learning never made a man wholly fit to be called a doctor, a teacher. I do not make light of it; surely I would not make light of it here. But, after all, the difference between a quack and a physician is simply an ethical difference. It is wholly a question of honesty. The learned charlatan is a quack in spite of his wisdom. The sincere, modest and true plodder of small attainments is a worthy member of our profession in spite of his relative ignorance. Show me a modern Paracelsus! I say it here, where we impart technical learning and where we issue diplomas, the six million sheep of Ohio, if they were all flayed to-night, could not yield parchment to cover his shame, however much they might set forth his wisdom.

This lusty Miami Medical College has sometimes, but rarely, found among her offspring a bastard cuckoo bird, hatched and nurtured unwittingly among as noble a brood as ever a college mothered. She grieves over them sorely, but she hotly resents the imputation that any born quack who escaped with one of her diplomas was in any case deficient in knowledge. Knowledge could not save them! She only confesses that she has sometimes failed to make a silk purse out of a sow's ear;

she only confesses that the example and teachings of her faculty were not, in every case, sufficient to deter dishonest men from dishonest practice under an honest diploma; she only admits, without shame, but with keen regret, that she has newly demonstrated the truth of the Arab proverb that one may bind a dog's tail in splints and bathe it with oil, yet will it not be straightened.

Gentlemen, here where I speak, Mendenhall once taught within my knowledge of the Miami Medical College. He was scholarly, famous, successful, but above all, he was simple-hearted, straightforward, sincere, and honest. In moral greatness he was a giant, towering far above the whole tribe of Paracelsus. It is near twenty years since he ceased active work in connection with this institution, but his name still reflects glory upon it. As Dean, he was succeeded by Prof. John A. Murphy. Many of this audience will recall the fine scorn which flashed from beneath those terrible brows when he alluded to the small arts of unworthy doctors. He was a daily sermon against all obliquity of conduct, for he was simple and direct as a child, blunt and searching as Diogenes, and merciless as Carlyle when he attacked humbuggery. We call him our emeritus professor, and long may he live to honor the title. Among my teachers now sleeping well after long labors, was Wm. H. Mussey. One glance into his big blue eyes showed a soul open, serene and clear as the deep sky of June. He did not even know it, but others knew that self-sacrifice was his religion. He was not a good hater, but he hated all pretence and self-seeking most heartily. And there was our Clendenin, modest as a girl, unaffected as a boy, inflexible in his morals as a Puritan, and withal a prodigy of learning. There was Williams with the big bones and the bigger heart his ancestors bred for him in the mountains of Tennessee, and that wonderful merry spontaneity of manner, that bubbling humor, that wealth of parables, from the Hoosier farm. No residence in foreign capitals, no success in Cincinnati, could spoil him. Those who knew him well knew that his admirable culture

and scholarship merely adorned a character which would have been admirable and lovable in any case, because it was all honesty and charity.

It would be unseemly for me to name teachers still living and active in this institution. Yet, suffer me to say that the present faculty of this school of medicine recognizes in those who have retired from active work, some to merited rest here, and others to the long rest that shall come to all, a standard and an inspiration to hard work, modesty, honesty, philanthropy and purity. There is no Paracelsus among us; we hope no little Paracelsus will come to us; yet, if one should come, we will endeavor in spite of the fates themselves to treat him as we have treated the old college this past summer; we will tear him up as to his inside and do the best we can by orderly taxis and antisepsis to make a man while we make him a doctor.

NEW TEST FOR ALBUMEN IN THE URINE.

M. Boymand (*Répertoire de Pharmacie*) states that the best re-agent for the detection of albumen in the urine is trichloroacetic acid. It is said to be more reliable than nitric or metaphosphoric acid—and it also has the power of precipitating that peculiar form of albumen which is thrown down by heat but redissolved on the addition of acetic acid. Trichloroacetic acid is obtained by the action of chlorine gas upon acetic acid. The test may be used in a solid form or in solution. If the solid be employed, a small fragment is placed in a test-tube containing the urine; it sinks to the bottom and is dissolved, producing a cloudiness, or, with very clear liquids, a zone of cloud. The solution can be used either saturated or fairly concentrated. When poured upon the urine to be examined, it forms a ring which is characteristic—like that obtained by means of nitric acid, but without producing any coloration. If the urine contains much urate of soda, it is better to dilute it with distilled water. — *London Med. Reporter*,

DIABETIC COMA.

A Paper read before the Academy of Medicine,
June 23, 1890,

BY

GILES S. MITCHELL, M.D.,
CINCINNATI.

Early on the morning of May 16, 1890, I was called to see Mrs. Julia H., aged twenty-eight, of Irish descent. She informed me that up to noon of the previous day she had been in usual health, but shortly after eating her dinner on that day was seized with pain in her stomach and bowels, which was speedily followed by vomiting and purging. After remaining quiet at her place of business for several hours she felt well enough to go home. Upon reaching there, however, she was immediately taken with an epileptic convulsion, which lasted for almost an hour. During the night she had inordinate thirst, vomited frequently, and had fifteen or twenty watery stools. Such, in brief, is the history obtained at my first visit.

An examination revealed no elevation of temperature, no abdominal tenderness, pulse rapid and small, skin normal, respiration sighing in character, tongue slightly coated. From the symptoms present and the history I concluded that it was a case of cholera morbus, and, thinking the worst was over, ordered a siphon of soda-water to quench the thirst and allay the nausea, and paregoric and bismuth to control the bowels. I then left, promising to call in the evening. At 8 o'clock p.m. I found her much better. The nausea had subsided and she had had but two stools during the day. The pulse was still rapid and the sighing respiration continued. She complained of no pain. Pupils responded to light, but were slightly dilated. I was sent for at 5 o'clock on the following morning, the messenger informing me that Mrs. H. was much worse. She had rested well until after midnight, when she complained of chilliness and shortness of breath. Before my arrival the dyspnoea was very marked. The extremities were cold, pulse 120 and feeble, pupils apparently normal, no pain except that associated

with a feeling of suffocation. A careful examination of the heart and lungs revealed nothing abnormal. I ordered 3ss doses of aromatic spirits of ammonia, to be given every hour until relieved, and bottles of hot water to the extremities. Requesting them to save some of her urine I again left, promising to return at nine. At that hour Dr. Jas. G. Hyndman saw her with me. The dyspnoea was exaggerated, pulse more rapid and feeble, and, in addition, there was marked mental hebetude; pupils almost normal, but sluggish. The nurse not having had an opportunity to secure specimen of urine, I withdrew about three ounces with the catheter, half of which was given to Dr. Hyndman and the other I took with me to my office. An examination showed specific gravity 1026; reaction acid; some albumen, about 1 per cent.; and considerable sugar, about 3 per cent. After the examination of the urine our diagnosis was that of acetonæmia. We again called at noon. The mental hebetude was now almost profound coma. It was with great difficulty that the patient could be aroused. Pupils remained about the same, pulse rapid and small, breathing the same. The diagnosis of diabetic coma was confirmed, and the prognosis fatal. We again visited her at 3:30 in the afternoon. Condition unchanged. She died suddenly at 7 o'clock the same evening.

Such, in brief, is the history of a case, so far as my own experience goes, of unusual interest. I had known and prescribed for the patient at various times for about eight years. Three years ago I attended her through a severe attack of typhoid fever. Her memory was greatly impaired by this illness, and several months after her recovery she developed epilepsy. During the month of December, 1889, I attended her for a low grade of malarial fever, which lasted about a week. During this illness I examined her urine, but found nothing abnormal save that it was too highly acid. About eight weeks previous to her last illness she consulted me at my office as to the probability of her being pregnant. She informed me that she had not men-

struated since January. I made no examination or prescription, but told her to return in two months and I could give her a positive opinion. Since the attack of typhoid fever above mentioned she had not been regular with her periods, often going from eight to ten weeks; so, in view of this, I told her I did not think she was pregnant.

The etiology of diabetes is quite as unsatisfactory as its pathology. Powerful mental shocks, grief and anxiety are recognized as important factors in its production. All of these obtained in the case reported.

POST-MORTEM.

The following is a copy of Dr. E. W. Walker's post-mortem report, ordered by the Coroner:

CINCINNATI, May 18, 1890.

J. H. RENDIGS, M.D., Coroner of Hamilton County.

SIR:—According to instructions received from you, I made to day (May 18, 1890) a post-mortem examination of the body of Mrs. H., at her late residence. Drs. Giles Mitchell and James G. Hyndman were present. The result of the examination was as follows:

Body well nourished. Post-mortem rigidity well marked. Some few spots of pityriasis versicolor over the chest. No marks or bruises about the body or mouth.

Thoracic Cavity.—Lungs: Crepitating everywhere; some hypostatic congestion in the lower lobes of both lungs. Heart: Right ventricle dilated and filled with a firm white clot; muscular wall thin and flabby; some few ecchymoses were found underneath the pericardium covering the left ventricle; heart otherwise normal.

Abdominal Cavity.—Spleen normal. Liver normal. Stomach congested and covered with a thick tenacious mucus; some few ecchymotic spots underneath the mucous membrane. Small intestines distended with gas; some marked post-mortem discolorations. (Stomach and contents given to the Coroner.)

Genito-Urinary Organs.—Kidneys: Slight thickening of cortex; cortex light color; pyramids dark red; slight parenchymatous nephritis. Bladder contained urine, which was removed with the catheter; examination showed sugar and albumen. Uterus normal. Left ovary contained a small cyst.

Cranial Cavity.—Brain very oedematous; peri-vascular lymph-spaces filled with clear fluid; puncta vasculosa marked; choroid plexus cystic; nothing else to be noted was found.

The cause of death in the above case, in my opinion, was predisposing diabetes—immediate heart-failure. Respectfully submitted.

E. W. WALKER, M.D.

96 W. Eighth street.

Although coma as a complication of diabetes has long been recognized, it was left to Prof. Kussmaul, of Strasburg, in 1874, to give a complete description of it. Since then many cases have been recorded, and it is possible to classify them.

Dr. Doeschfield, in a paper read before the Manchester Medical Society in 1881, analyzed more than fifty cases, and grouped them as follows:

First Group.—Patient, after complaining of headache for a short time, or epigastric pain with nausea, is attacked by a feeling of great anxiety, or restlessness and some delirium, followed by a peculiar dyspnœa. Both the inspiratory and expiratory stages of respiration are affected. Cyanosis is not usually present, and a most rigid examination of the chest reveals no cause for the dyspnœa. Kussmaul, in speaking of this form of dyspnœa, calls it *luft-hunger*. At first the patient may be aroused from the comatose condition, but soon the coma becomes complete. The temperature is subnormal, and the pulse rapid and small. Convulsions sometimes supervene. Pupils are often dilated. There is a lethal termination in the vast majority of cases within forty-eight hours.

Second Group.—In this group of cases the symptoms are not unlike those manifest in uræmia from renal disease. The dyspnœa is milder. General weakness is complained of, the patient becomes drowsy, then comatose with low temperature and small rapid pulse, and soon dies.

Third Group.—In this group the patient exhibits all the symptoms of acute alcoholic intoxication. The muscular weakness is not observed in this group. The onset is sudden, excitement great, gait is unsteady, and there is drunken delirium. Gradual drowsiness and coma develop as in the other forms, and death ensues.

Certain phenomena are common to all three forms. An odor not unlike chloroform is perceived in the breath of the patient immediately before and during the attack. The same odor is observed in the urine and it gives the so-called acetone reaction with

perchloride of iron; that is, when a solution of perchloride of iron is added in excess, a deep red color is produced resembling that of port wine. Gerhardt first described this reaction. Ordinarily the urine contains less sugar during the attack than before, and a small amount of albumen is usually present. Contrary to general belief, coma is more likely to develop early in the disease and most frequently in young subjects. It often supervenes after great muscular exertion. Constipation, a common habit with diabetics, predisposes to the development of coma.

The pathology of diabetic coma is still a matter of theory. We will content ourselves with a brief summary of some of the views which have been advanced to explain the development of the symptoms.

Kussmaul believes that acetone in the blood causes the coma or acetonæmia. The same substance (¹) he believed imparted the peculiar odor to the breath. He experimented by giving large doses of acetone to animals, but it was only after very large doses were administered that any symptoms supervened, and although he believed they were the symptoms of diabetic coma, they have since been shown to differ from it in essential particulars. Large doses of acetone given to man produce no effects. Acetone has in some cases been absent from the blood, and the acetone odor of the breath is found in many other condition, especially in digestive disturbances, in tuberculosis, and many disorders of children when no coma occurs.

Dr. Balthazar Foster's (²) view is that the acetone in the blood dissolves the red blood corpuscles. The blood of a patient under his care was observed to be of a pale lake color, and on standing, a grayish layer formed on top. This layer was composed of granular material, and did not dissolve in ether. A similar appearance was produced experimentally by mixing acetone with blood.

Rupstein (³) showed that free acetone did not exist in the blood, but that it was produced by the breaking up of ethyl-diacetic acid into acetone and

alcohol. It is quite possible that cases of the third group are actually due to what they resemble—acute intoxication with alcohol.

Stadelmann⁽⁴⁾ has recently found an acid in diabetic urine which is probably croton acid, and has suggested that diabetic coma might be due to poisoning by this. Against this view are the following facts: Croton acid is practically non-poisonous, and the aescence of the blood in diabetes is undiminished; the blood of diabetics has often been observed to contain excessive quantities of fat.

Professors Sanders and Hamilton⁽⁵⁾ described, in 1879, a case of diabetic coma in which large quantities of fat were found in the blood, and numerous fat emboli were seen in the lungs. They suggested that fat emboli in the lungs and brain were the cause of the symptoms. Similar cases have been described by other observers.

Dr. Dreschfield failed to find fat emboli in four cases of diabetic coma, although the blood contained large quantities of fat.

Schmitz,⁽⁶⁾ of Neuenahr, propounds the view that the fatty heart, so often found in diabetics, was the cause of the comatose symptoms.

Teschemacher⁽⁷⁾ is of the opinion that a lesion of the sympathetic may be present, which might cause shock.

James Tyson, in his able article on this subject in "Pepper's System of Medicine," says the coma, as well as the previous nervous symptoms, are considered due to the accumulation in the blood of a product of the decomposition of sugar, formerly believed to be acetone, but now thought to be an acetone-producing substance, probably acetoacetic acid.

REFERENCES.

- 1 British Med. Journal, 1881.
 - 2 British Med. Journal, 1878, vol. i, p. 78.
 - 3 Centralbl. f. d. Med. Wissen., 1874, p. 865.
 - 4 Archiv. of Ext. Patholog, Bd. xvii.
 - 5 Edinburgh Med. Journal, July, 1879, p. 47.
 - 6 Berl. Klin. Wochensch., 1876, p. 63.
 - 7 Berl. Klin. Wochensch., 1881, p. 450.
- [FOR DISCUSSION SEE P. 479].

PAPILLOMA OF THE LARYNX.

REPORT OF A CASE.

A Paper read before the Cincinnati Medical Society, September 16, 1890,

BY

J. A. THOMPSON, M.D.,
CINCINNATI.

Tumors of the larynx are of rare occurrence. If we exclude tubercular and syphilitic outgrowths, the neoplasms form a very small proportion of the cases a laryngologist sees. In more than six years of uninterrupted work in the throat and nose clinic of the Miami Medical College, I have only seen one case of tumor of the larynx among clinic patients.

J. R. B., thirty-one years old, American, well developed but poorly nourished, came to my clinic August 9, 1890. There is no history of cancer or tuberculosis in the family. He complained of hoarseness and pain in the throat after eating; cough was troublesome only in the evening. He was completely aphonic, speaking only in a rough whisper. He had lost about thirty pounds in weight. He admitted having had gonorrhœa and chancroids, but denied constitutional infection. No enlarged glands, cicatrices or nodes were found on examination. The first laryngeal symptoms developed rather suddenly after a fever about sixteen months before I saw him. The first he noticed were hoarseness and difficulty in speaking. These symptoms gradually became worse, and dyspnoea, cough, dysphagia and aphonia were added. The patient had been a professional base-ball player for four years, but was obliged to leave this occupation on account of severe attacks of dyspnoea on any great exertion. Then for nearly a year he drove four horses to a coal-wagon, but lost this job because he had become so aphonic he could not control the team.

Laryngoscopic examination showed a grayish-white mass filling the anterior portion of the left ventricle. The anterior two-thirds of the left ventricle was hidden by the mass, which also overlapped the right cord. The glottis was

closed anteriorly and much narrowed posteriorly by the growth. It was crowded against the base of the epiglottis, which will account for the pain after eating. The shape of this cartilage made the exact site hard to determine, as it hid the base of the growth. So closely were the little tumors implanted that they gave to the examining finger the sensation of a solid growth. The age of the patient, the situation and the color of the tumor, were arguments in favor of the diagnosis of papilloma; the size and apparent solidity were suggestive of fibroma. As the differentiation between these two forms would not influence treatment, it was left until after removal. On auscultation of the larynx a high-pitched, wheezing sound was heard, both on inspiration and expiration. This sound was transmitted to the lungs on inspiration. No other abnormality was found on examination of the lungs.

August 11, with the assistance of Drs. Oliver and Stephens, the removal was attempted. After anæsthetizing the throat with cocaine, by the aid of the mirror the forceps were guided down to the tumor and as much as could be grasped removed. In this way, by repeated trials, two large and three small papillomata were removed from the left ventricle. Another growth on the under surface of the cord apparently could not be reached effectively with the instruments at hand. I got the most prominent portion, but could not reach the base. Breathing was much freer after partial removal of the tumors. Fearing the effect of further use of instruments in the larynx at that time, the removal of the last growth was postponed. Hemorrhage during the operation obscured the field of vision, but gave no other trouble. The patient was given tinct. benzoin comp. to use as inhalation, and directed to return immediately if the slightest dyspnoea should indicate oedema of the glottis.

There was very little inflammatory reaction, so, two days later, the removal of the remaining growth was attempted. Being freed from the pressure of the overlying tumors, they had become more prominent, and could be grasped with

greater ease. By passing the tip of the forceps below the cords, opening them and pressing them to the left side, I removed all the visible growth. What had appeared a single tumor in the mirror was found to be double when a portion was removed.

Although neither Dr. Oliver nor I could see any more papillomata after this second operation, when the patient returned the next day part of another was visible. It had probably been hidden under an adherent blood-clot. About one-half of it had been removed with an adjacent growth.

The patient went to work driving again, and did not return for treatment for ten days. He told me the remaining portion of the papilloma had been coughed up some days before. It had probably sloughed from the injury. While still hoarse, he could talk without effort. There was neither dyspnoea nor dysphagia. He was gaining flesh and strength rapidly. The left cord was still congested and the ventricular band swollen.

August 31. Patient still hoarse, but at present the hoarseness is due to a laryngitis. He was exposed in a cold rain a few days ago without any coat, and caught cold. Both cords were slightly congested. The swelling of the left ventricular band has disappeared. No part of the larynx shows signs of any injury during the operation.

September 15. The patient came to the office to consult me about another trouble. He still has a slight laryngitis; otherwise the appearance of the larynx is normal.

[FOR DISCUSSION SEE P. 482].

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

REPORT OF THREE HUNDRED AND SIXTY-FOUR CASES OF LABOR.

PRESENTED TO THE BUTLER COUNTY
MEDICAL SOCIETY.

BY

C. C. HOOVER, M.D.,

ROSS P.O., O.

In January, 1886, this society adopted an obstetric form for recording many of the various facts and phenomena pertaining to labor. The form embraces fifty-five points for record, while many cases reported are supplemented by additional copious notes. Consequently, scarcely a phase of the subject can be conceived of that has not directly or incidentally been touched.

The plan was a coöperative one, and the object was to secure for the members of the Butler County Medical Society reliable obstetrical statistics resulting from their own carefully recorded practice and observation.

While a number have contributed reports, the projectors of the plan have been disappointed by the failure of a more general and enthusiastic coöperation, and, as a result of four years' work, only 364 reports have been secured. The following physicians are credited with reports: Bundy, 74; Corson, 32; Dickey, 73; Fitton, 10; Hancock, 34; Hoover, 32; Masters, 8; Millikin, 101.

The committee entrusted with the work of tabulating these cases begs to present the following

OBSTETRIC RECORD:

Number of Children Born during Month: January, 29; February, 36; March, 25; April, 28; May, 30; June, 33; July, 24; August, 33; September, 27; October, 22; November, 43; December, 34.

Seasons: The spring months foot up 83; summer, 90; autumn, 92; winter, 99.

Nativity of Father: American, 181; German, 80; German-American, 46; Irish, 31; Irish-American, 10; Polish Hebrew, 1; German Hebrew, 4; English, 3; French, 1; colored American, 3; unknown, 4.

Nativity of Mother: American, 180; German, 72; German-American, 52; Irish, 29; Irish-American, 17; German Hebrew, 4; American Hebrew, 1; English, 3; French, 1; Scotch, 1; colored American, 4.

Age of Parents (many cases not given): Oldest father, 57; youngest, 20; oldest mother, 47; youngest, 17.

Social Condition of Mothers: Married, 359; unmarried or reprobate, 5.

Pregnancy: Multiparæ, 268; primiparæ, 90; not given, 6.

History of Previous Confinements: Bad, 50 cases, or 19 per cent.; good, 216 cases, or 81 per cent.

Size of Mothers: Large, 192; small, 82; medium, 90.

Complexion of Mothers: Light, 215; dark, 131; medium, 14; colored, 4.

Constitution: Robust, 310; feeble, 33; medium, 21.

Temperament: Nervous, 150; placid, 214.

Condition or State of Health during Pregnancy: Fair to good, 300; medium, 27; poor to very bad, 37.

Condition during Labor: Normal to good, 331; medium, 9; poor to bad, 24.

Condition after Labor: Good, 326; medium, 11; poor to very bad, 27.

Recovery: Died, 4; tedious, 10; lochia foul and persistent, 5.

Lactal Secretion: No milk, 8; excess of milk, 3; mammary abscess, 4; rudimentary nipples, 2.

When Rhythmical Pains Began (334 cases given): Average time, 3.85 hours before delivery. Maximum, 40 hours; minimum, 10 minutes.

At what Hour Physician was Called: From 6 to 12 p.m., 85; 12 to 6 a.m., 108 (total night calls, 193, or 44.52 per cent.); from 6 to 12 a.m., 79; 12 to 6 p.m., 82 (total day calls, 161, or 45.41 per cent.) Thirty per cent of calls between 12 and 6 a.m.; 25 calls at 1 a.m., the greatest number at any one hour.

At what Hour Child was Born or Delivery Completed: From 6 to 12 p.m., 85; 12 to 6 a.m., 109 (total born at night, 197, or 55.64 per cent.); from 6 to 12 a.m., 82; 12 to 6 p.m., 75 (day, 157, or 44.36 per cent.) Thirty per cent. born from 12 to 6 a.m.; 30 births recorded at 4 a.m., the greatest number at any hour.

Position of Os Uteri: Accessible, 316, or 93 per cent.; inaccessible, 12, or 7 per cent.

Condition of Os Uteri at First Examination: Relaxed, 254, or 82 per cent.; rigid, 56, or 18 per cent.

Membranes Ruptured: Spontaneously, 198 cases, or 54 per cent.; digitally, 166 cases, or 46 per cent.

Amniotic Fluid as Regards Quantity: Scant, 48, or 13 per cent.; excessive, 17, or 5 per cent.; normal, 209, or 82 per cent.

Ante-Partum Hemorrhage: Twelve cases, or 3 per cent. (slight, 10; moderate, 1; severe, 1).

Post-Partum Hemorrhage: Twelve cases, or 3 per cent. (cause: uterine inertia, 7; retained membranes, 1; unknown, 1).

Perineum, behavior of: Normal, 247, or 94 per cent.; very relaxed, 5, or 2 per cent.; rigid, 12, or 4 per cent.

Perineum Ruptured: Slight or first degree, 11; moderate or second degree, 4; extensive or third degree, 1. Total, 16. Sutured, 1.

Forceps used in 44 cases, or 12 per cent.

Reasons Given for Use of Forceps: Large head, 7; uterine inertia, 10; nervous prostration, 2; deformity, 2; to adjust head, 3; convulsions, 1; to hasten labor, 9; impacted head, 8; to dilate perineum, 2.

Forceps, Length of Time Used: Varied from a few minutes to two hours.

Forceps, Location of Head when Used: Inferior strait, 21; superior strait, 9; in excavation, 2; not given, 12.

Forceps, Injury Resulting from: Abrasion of child's head, 2; laceration of perineum, 1; no harm reported, 41.

Turning or Other Operation: Podalic version, 3; cephalic version, 2.

Sex of Child: Male, 189; female, 177.

Completion at Period of Gestation: Mature, 351; immature, 13.

Weight of Mature Children: Average, 8 pounds. Maximum, 12½ pounds; minimum, 3½ pounds.

Condition of Child at Birth: Vigorous, 216; bad condition, 26; medium, 15; still-born, 13; died during delivery, 1; died during first six weeks, 10.

Presentation: Vertex, 314; face, 3; shoulder, 3; breech, 10; feet, 2; unclassified, 32. Vertex: L.O.A., 234, or 71 per cent.; R.O.A., 70, or 23 per cent.; L.O.P., 3; R.O.P., 7.

Placenta, Manner of Removal: Expressed, 205, or 57 per cent.; expressed and extracted, 83, or 23 per cent.; extracted, 42, or 12 per cent.; spontaneously, 31, or 8 per cent.

Average Duration of Third Stage of Labor: Fourteen minutes.

Placenta Adherent: Two cases.

Abnormalities of the Cord: Around the neck once, 32; around the neck twice, 4; around the neck five times, 1; very long, 3; very short, 4; very thick, 1; very small, 1; around the waist, 2; around the ankle, 1; over the shoulder, 1; prolapsed, 2; knot in the cord, 1; normal, 311, or 85 per cent.

General Notes: Two pairs of twins; one case of hour-glass contraction; one report shows the mother to have had six miscarriages; another is credited with fifteen previous confinements.

Sequels to Mothers: Died, 4; puerperal eclampsia, 3 (recoveries, 3); septic fever, 11 (recovered, 9; died, 2); general peritonitis, 1 (died, 1); tubercular peritonitis, 1 (died, 1); puerperal mania, 1.

USE OF IODIDES IN INFANTILE SCROFULOSIS.

Tincture of iodine may be administered to very young infants in the dose of a drop a day diluted with a small quantity of barley-water or milk. Besnier uses iodoform in minute doses for the same purpose in infants.—*Med. News.*

SUBSCRIPTIONS to the *Lancet-Clinic* may be commenced from any date.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of June 23, 1890.

The President, C. D. PALMER, M.D., in the Chair.

J. M. FRENCH, M.D., Secretary.

DR. GILES S. MITCHELL reported a case of

Diabetic Coma (see page 473).

DISCUSSION.

DR. J. G. HYNDMAN remarked that, although there had been no history of diabetes in the case, they were able to prove the presence of sugar in large quantities by urinalysis. They had no means of estimating how much sugar was being passed per diem. The specific gravity was 1,026, and after fermentation it was reduced to 1,006, giving, according to Roberts' method of estimation, about 20 grains of sugar per ounce of urine.

The speaker was inclined to accept the acetone theory in explanation of the coma. In cases in which the peculiar character of the breath was observed, the result has been uniformly fatal; but it seems that the presence of this odor is not of itself sufficiently generally acknowledged by pathologists to justify us in making an absolutely fatal prognosis. There are a number of diagnosticians who deny its importance. Kunkel, for example, discards this theory, but is willing to admit that death is in many cases the result of carbonic acid poisoning due to the presence of fat emboli. Sanders reports examining a large number of cases, and finding fat in the blood in the form of an emulsion, and the history of the cases showed that death resulted from apparent carbonic acid poisoning. The fat emboli are the same in character as those which have frequently been found after fracture of bone. We know that in certain stages of physiological digestion the blood contains large quantities of fat; and we can understand how in diseased conditions, such as dia-

betes, we can have an excessive amount of fat, such as might occur from the rapid absorption of the subcutaneous fat or from deficient oxidation of fat that has gone into the blood. He saw no reason, therefore, for confining ourselves to the one explanation of acetone in the blood.

The speaker then referred to an article in the *Berliner Klinische Wochenschrift*, where Schmitz inquires whether diabetes cannot be proved in a short time to be an acute infectious disease. He reports several cases in which the history seems to clearly point in that direction. A man, for instance, has the disease and marries a healthy woman, who, in the course of six months to three years, presents herself with precisely the same symptoms. The author does not, however, investigate the question, or give any means for investigating it, but simply throws out the inquiry.

Dr. F. KEBLER thought the facts in the history of this disease appeared to be the very opposite of an acute infection; but until we have a little light on this subject, there is little use in discussing it. As shown by Clarence Bernard, diabetes may be due to brain trouble. The speaker had had a case of diabetes, well-marked, which occurred in a patient having a tumor at the base of the brain. We must, however, in all cases, look further than the nervous origin of the disease. The changes may be more or less generally found in the liver, in the digestive canal, or elsewhere.

Dr. WILLIAM JUDKINS spoke of the frequency of severe nervous shock as an etiological factor in the disease, and reported a case of that character.

Dr. JAMES M. FRENCH remarked that he never heard a more lucid explanation of the pathology of this disease than was given by Pavy of London, before the medical section of the last International Medical Congress. According to his view, the disease depends upon a capillary dilatation in some part of the body, usually in the chylipoietic viscera. This dilatation permits the passage through, from the arteries to the veins, of blood containing sugar

which ought normally to be removed from the blood in its passage through the capillaries. The disease is most severe when the capillary dilatation reaches the region of the neck.

The speaker referred also to Dr. Schnee's advocacy of the doctrine that the disease occurs only in persons inheriting more or less remotely a syphilitic taint.

Dr. HYNDMAN, at the request of the Chairman, spoke of the chemical tests for glycosuria. He said that Trommer's test is the one most frequently employed, but the one which is most susceptible of error if not correctly performed. The most rapid test is that of Boettger, or the bismuth test. The only error that is likely to occur in this test is that occasioned by the presence sometimes of a small amount of albumen, especially if the urine has lost its acidity, or partially lost it. Sulphur, one of the component elements of albumen, may be freed from its combinations, and, combining with the bismuth gives a black precipitate of sulphide of bismuth. The most positive test is the fermentation test. There is nothing except sugar ever occurring in the urine which will cause alcoholic fermentation. Fehling's test must be made fresh; the solution must not be used after being exposed to the air, and must be boiled before being used. Excess of urates, will, in this test, sometimes cause the deposition of the red oxide. An advantage of the fermentation test is the fact that we get there an approximate measure of the amount of sugar that is daily being lost.

Dr. A. GRIMM questioned the correctness of the diagnosis in the case reported, on the ground that two of the most important symptoms of the disease had not been mentioned as present, namely, the great thirst and extreme emaciation.

Dr. G. A. FACKLER thought that the point made by the last speaker was in time. The evidences presented by the history and post-mortem findings are not sufficiently strong to positively prove this a case of diabetic coma. Not only are the two essential features referred to by the last speaker absent,

but not a symptom has been spoken of which may not indicate the existence of some other diseased process. In the first place, the history, as related, is that of certain forms of uræmia. We meet with cases of acute uræmic coma in which the nervous manifestations come on suddenly. An individual, in whom the existence of nephritic disease has never been suspected, is suddenly stricken down with convulsions or coma. The attack is precipitated like a thunderbolt from a clear sky. Not only the ante-mortem, but the post-mortem evidences of uræmia are similar to those found in Dr. G. S. Mitchell's case. In many of such examinations we will find, as here, a distention of the perivascular lymph spaces with fluid.

Then, too, we might consider the question, Was this not a case of poisoning? Certain toxic agents will produce a condition which presents the same picture, including vomiting, purging, and disturbances of the urinary secretion, as related by the author. Corrosive sublimate will be followed, as a rule, by more violent symptoms. But in arsenious acid we have a chemical agent which, in its toxic effects, illustrates the foregoing remark. The arsenious preparations, as a rule, do not possess the local irritating action as the arsenic preparations. Hence, although a dose of arsenious acid be taken and produce vomiting, still post-mortem examination will show but slight alterations in the gastric mucous membrane. There are cases of poisoning with arsenious acid, in which the nervous symptoms predominate; in which instead of the vomiting, purging and other violent disturbances, on part of the alimentary tract, we observe a coma that has occasionally been mistaken for opium narcosis, uræmic or diabetic coma.

The infectious character of diabetes has been referred to. If not a coincidence, the following set of cases observed by the speaker would agree in favor of such a view. He has under treatment an old lady, probably sixty years of age, and in whose family there have been two cases of diabetes mel-

litus, one a grandchild, the other a daughter-in-law, (*not* the child's mother), both of which the old lady had nursed.

DR. MITCHELL thanked Dr. Fackler for raising the question as to whether the case reported might not have been one of arsenical poisoning. Ordinarily, within an hour after the exhibition of a toxic dose of arsenic an intense burning sensation is felt in the œsophagus and stomach, rapidly involving the entire abdomen. There is also constriction about the throat and an acrid metallic taste. Vomiting and purging soon follow. At first the rejected matters contain mucous in addition to the contents of the digestive tube, but in a little while they become serous, and contain blood. The thirst is excessive; urine scant; the extremities are cold; pulse rapid and feeble; respiration quick, labored and painful from the abdominal tenderness. Exhaustion deepens into collapse, followed by coma or convulsions. Death ensues in from five to twenty hours.

In the case reported many of the above mentioned symptoms obtained. The vomiting and purging and the inordinate thirst, together with the suddenness of the attack was sufficient to excite suspicion. However, the history of the case, the large quantity of sugar in the urine, the sighing respiration, the absence of blood in the stools and vomited matter, and the negative evidence furnished by the post-mortem, establish beyond question the diagnosis of diabetic coma.

REMEDY FOR DYSPNŒA.

Huchard states that aspidospermine, the active principle of *aspidosperma quebracho*, is a useful remedy in the treatment of dyspnœa. When powdered it may be prescribed in the dose of one-half to one and one-half grains a day, or it may be injected hypodermically provided that the hydrochlorate is employed, the solution being made by adding seven grains of the drug to every two and a half drachms of distilled water.—*Med. News.*

CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of September 16, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. J. A. THOMPSON reported a case
of

Papilloma of the Larynx
(see page 476).

DISCUSSION.

DR. FITZPATRICK: Papilloma of the larynx is a very rare disease. Lenox Browne places the frequency of occurrence as low as 2 per cent. It is my opinion that it is much lower than this. The cause of papilloma is quite obscure. Some authors teach that it is due to injury or chronic inflammatory process. There is, however, something wanting in this theory, as we have many cases of injury and inflammatory action, and but few cases of papilloma. There must be something plus the injury or inflammatory action in order to induce a new growth entirely different in composition to the original tissue from which it springs.

Great care should be taken in removal, to take away as much of the growth as possible. The forceps, perhaps, afford the best means to accomplish this. Papilloma, no matter where found, is very prone to recur; and especially so in the larynx, the frequency being placed as high as fifty per cent.

DR. THORNER: There is not much to be said in regard to this case, as it speaks for itself. Although cases of this kind are certainly very rare, yet I do not think, from my own individual experience, they are quite as rare as the essayist believes them to be. Have had five or six cases of papilloma of the larynx during the last five years, three of which occurred in the last year.

First case, sent by Dr. Wm. Carson, was hoarse since 1864, when he caught cold in the army, as he said. There was a papillomatous growth, the size of a white bean, on the right vocal cord,

somewhat hanging down below the cord. Removal with Schrötter's forceps, but it returned several times; also, some new growth sprang up in other places. Finally succeeded in removing the growth by cauterizing with the galvano-cautery. No recurrence since four months.

Second case, a boy of eight years, sent by Dr. Krouse. The whole larynx was filled with papillomatous growths. Repeatedly pieces were removed with the forceps. Child afterwards had an attack of diphtheria; Dr. Krouse performed tracheotomy, but the child died one day after the operation.

Third case, a man about twenty-four years of age, insurance agent, was hoarse since eighteen months. Had a papilloma in anterior angle of vocal cords. Removal with forceps. There was a recurrence within a short time. Then removed with Voltolini's sponge. No recurrence for about a year.

I think that there is in papilloma a great tendency to recurrence, which is not found in fibromatous growths of the larynx. That there is a great danger of a fibroma undergoing carcinomatous degeneration, especially after repeated operations, I do not believe; in fact, Semon's collective investigation, in this respect, has absolutely proven that this happens exceedingly rarely.

The forceps is the most convenient instrument for removal of this class of growths. It is not always necessary to remove every trace of them, the rest frequently sloughs away. There are many special instruments invented for tumors below the cords, but skilful manipulation succeeds frequently with the ordinary forceps. Dr. Thompson is to be congratulated for his good success in this case.

DR. THRASHER was very much interested in the paper, and would congratulate Dr. Thompson on his success. The use of special instruments for the removal of growths below the cord is unnecessary, as the vocal cords can be easily separated and the parts below curetted.

The most important thing in these cases is the diagnosis. A number of conditions might simulate a growth of

this character. The brightest point in diagnosis was made by Dr. Morrell Mackenzie in his prize essay, where he stated that the differential point is in an inflammatory and non-inflammatory condition.

These growths come spontaneously in many cases. Think they sometimes occur and are gotten rid of by coughing, and without patients really knowing they had such a growth. Some six years ago, was called in a great hurry to a case which I found moribund on my arrival. The patient died within a short time with symptoms of asphyxia. Post-mortem showed a papilloma of the larynx which had become detached and dropped into the trachea and produced suffocation.

As a rule these tumors are easily removed. In three cases I have operated on they have not returned. There is very little danger of their being converted into malignant growths.

DR. B. M. RICKETTS: There are two points I wish to speak about in these cases: First, the curability, and second, the tendency to become malignant.

In looking over the subject of arsenic I found that warts and cicatrices are successfully removed by large doses of arsenic. I have removed a papilloma from the tongue by the internal administration of arsenic. I do not know what arsenic will accomplish in a case of papilloma of the larynx, but think it might work as well here as in other cases. In regard to the tendency to become malignant, we know that warts of the skin do sometimes become epithelioma, and from this I think that a papilloma of the larynx might also become malignant.

DR. OLIVER: Some time ago I treated a lady who had about twenty warts, first by electrolysis, but without any result. Also used carbolic acid and nitric acid with like result. Finally, the patient passed from under my care. Recently I met the patient and was surprised to find the warts almost entirely gone. She said she was taking Fowler's solution. There certainly was a great change accomplished in this case. Warts frequently disappear spontaneously, and perhaps that was the case

here. I am very skeptical about papilloma ever becoming malignant. I don't think that any benign growth ever becomes malignant. An epithelioma begins and ends as an epithelioma.

DR. THOMPSON: Among a thousand cases seen at the Miami College throat clinic, this is the first case of papilloma I have ever seen. As to the cause of the growth, Dr. Morell Mackenzie says that coachmen and drivers especially have a tendency to papilloma of the larynx, due to the use of the voice involved in these occupations. My case was first a captain of a base-ball nine, and afterwards a driver of a coal-wagon, driving a four-horse team. He has now gone back to this latter occupation, and a recurrence of the papilloma will probably take place in this case in a few years, if not before. I think the facility of the removal in this case was due to the patience and endurance of the patient.

Spontaneous disappearance of a papilloma has been spoken of. I have the history of a case in which a pedicle was formed and afterwards the growth coughed out. In these cases the danger is not great enough to justify the opening of the trachea by the operation of tracheotomy.

DR. MAX THORNER reported a case of

Hemorrhage following Tonsillotomy.

I have performed a great number of operations upon the tonsils without encountering anything like a serious hemorrhage until a few months ago. The patient was a young man, twenty-three years of age, who had been under treatment for chronic otitis externa; he also had enormously enlarged tonsils, which had given him for years a great amount of throat trouble. Last spring his condition became worse, and I removed both tonsils with Physick's tonsillotome. The hemorrhage was more than usual, but not alarming. I gave him the tanno-gallic acid gargle to be used at home if needed. I saw him the following morning, eighteen hours after the operation. He told me that his tonsils had been bleeding all night. He looked very pale, skin was cold, pulse

very small. Inspection showed the left tonsil in good condition, but there was a constant oozing from the right one. During my efforts to stop the bleeding the patient fainted, and on returning consciousness the bleeding had stopped. The patient was anæmic for many weeks afterwards.

Dangerous hemorrhage is so very rare that we should not be deterred from performing so valuable an operation. Although we are taught that there are a few instances on record of fatal hemorrhage following tonsillotomy, we must not forget that these operations were performed by older surgeons, at a time when only the knife was used. With modern instruments, however, the danger is greatly lessened. Dr. Delaven, of New York, in an exhaustive research, did not discover a single authentic report of a fatal case of hemorrhage following tonsillotomy performed according to modern methods. The speaker preferred of all instruments Physick's tonsillotome as modified by Mackenzie, with which the operator is enabled to avoid one of the sources of hemorrhage, the wounding of the anterior pillars of the fauces. In bleeders one naturally would expect hemorrhage, just as in any other operation. Very hard tonsils, containing a great deal of fibrous tissue, were perhaps better operated upon with the galvano-cautery, although that method was not entirely free from danger.

In regard to other methods, I would say that I regard galvano-puncture a slow and painful method, and only to be used in exceptional cases. The galvano-caustic snare is exceedingly painful, and one cannot avoid burning the fauces, and the method is therefore cruel. It has been used only once by myself, and I would never resort to it again. I could not recommend the cold snare. With electrolysis I have had no experience. Chemical caustics, as, for instance, the London paste, were obsolete.

DISCUSSION.

DR. FITZPATRICK: I have amputated a number of tonsils with the tonsillotome with no serious hemorrhage. The worst case of bleeding I ever had was

in a child eleven years of age. The tonsils in this case were very hard. On the way home after the operation a hemorrhage occurred that was rather profuse, but ceased without interference. I think that the use of the tonsillotome is always to be preferred in these cases.

DR. THOMPSON: In 135 tonsillotomies I have made, I have had but two cases of hemorrhage. One case occurred from cutting part of the pillar of fauces. The other case was a negro singer from the Vine-street Museum. Four days after the operation he had an arterial hemorrhage from slough of the stump. He went to the Hospital, where, by styptics, the hemorrhage was checked. The means of avoiding hemorrhage in removal of the tonsils are not at all effective. Caustics are dangerous, and by the use of the galvano-caustic snare you cannot avoid burning the fauces.

DR. HOLMES: I have removed a number of tonsils, and have never seen severe hemorrhage except in two cases. The first was a patient with chronic ear trouble and enlarged tonsils, who had lost almost a pint of blood after the operation. An artery of some dimensions was found to be spurting. According to Dr. Morell Mackenzie, a solution of two parts of tannic and one part of gallic acid will stop any hemorrhage. I tried it in this case, and the bleeding stopped. I have never used galvano-puncture myself, but the other case of hemorrhage from the tonsils that I saw was a case in which galvano-puncture had been used by another physician. In this case the hemorrhage was caused by an artery being severed by the puncture.

DR. SUDHOFF: I saw Dr. Thompson's case in the Hospital while I was resident physician there. In endeavoring to check the hemorrhage we used powdered alum, tannin, etc., without success. Finally, with a saturated solution of alum, it was arrested.

ACCORDING to the *Moniteur Thérapeutique*, local anæsthesia can be readily induced by simply discharging the contents of two or three syphons of aerated water upon the part. The anæsthesia thus induced is said to last about five minutes.

Selections.

THE PRESENT POSITION OF ANTI-SEPTIC SURGERY.

Replete as it was with important incidents, no single event which marked the progress of the recent International Medical Congress was more impressive than the address on antiseptic surgery delivered by Sir Joseph Lister. The circumstances were well calculated to excite a feeling of the deepest interest in the mind of every listener, for the voice they were hearing was that of the master in judgment on himself and his works. During the ten years that have elapsed since in London Professor Lister described the anti-bacteric influence possessed by living blood within the body, the explanation of the phenomenon, which he was then unable to supply, has been abundantly yielded as the results of the brilliant experiments of Metchnikoff on the bacilliphagic action of the white blood cells. The power of digesting and destroying bacilli possessed by these bodies, and the salutary influence thus exerted by them over the processes of life form a natural corollary to the earlier discoveries of Cohnheim respecting the life history of leucocytes; and the regret expressed by Professor Lister that the great elucidator of the pathology of the blood is no longer alive to witness the later developments of an inquiry which his investigations have, more than those of any other scientist, rendered possible, will be shared by all who can appreciate the vast importance of the strides that are made from day to day in this field of discovery. It was Lister who demonstrated the power of the living blood clot to prevent the growth of bacilli in the body; but it was not until Metchnikoff showed that certain leucocytes have a proclivity for absorbing and destroying these organisms that the *modus operandi* of the process became capable of comprehension; so that the whole course of events is now clearly understood, and will serve as a basis for future labors in the direction of preventive medicine.

There is one point in the speech of Professor Lister which is especially interesting at the present moment, and that is the reference he made to the use of the spray; possibly there may be some who will be disposed to question whether it was altogether wise on his part to speak with so great a degree of openness on a subject which is even now a matter of discussion among surgeons who are entitled to authority. That its author, however, is firmly convinced of the uselessness of carbolic steam as a protection against germ development can no longer be doubted in the face of the very emphatic utterances contained in the speech referred to above. Sir Joseph Lister now says that he feels ashamed that he should ever have insisted on the importance of a plan which he has come to regard as of no avail in the preservation of an aseptic state. With the honesty that is inseparable from genius he frankly proclaims his error, and freely confesses the ignorance that led him to its commission; he cannot, he declares, imagine how he was led to believe in the germicidal power of the spray, since a consideration of its action must at once make it clear that only a few particles of air can be brought under its influence at a time. But while the error of the past held its sway, it was at least the means of promoting a strong enthusiasm for cleanliness, even among its most strenuous opponents; and out of this effort to prove that purity is the most potent factor in successful surgery, has arisen a practice to which we are indebted for the triumphs of modern treatment.

From the abolition of the spray to that of the irrigation and washing, which have been rendered necessary in consequence, is a transition almost to be expected, and Sir Joseph Lister maintains an expectant attitude in this respect, although he is careful to explain that he has hitherto hesitated to adopt a treatment so revolutionary in its nature as this would be. He is content patiently to await the arrival of the time when the immediate treatment of wounds will be such as shall leave them completely closed, hermetically sealed, and thus rendered free from the neces-

sity of drainage. To secure a result so pre-eminently desirable, we must, first of all, learn to avoid the use of substances that exert an irritating influence over the tissues they may come into contact with. Improvement in this direction has certainly taken place, and notably through the substitution of corrosive sublimate solution in the stead of carbolic acid, the presence of which in the tissues always acts as an irritant, leads to the production of pus, and so creates a necessity for drainage of the wound. By the bye, however, there is every reason to anticipate that in the same way as small wounds are now treated successfully without drainage, because the dressings applied to them do not create an amount of irritation adequate to the production of pus, so in the case of larger wounds an equally simple and efficient plan will be found to meet all requirements. At the present time, however, external dressings are a necessity in all cases of injury involving a solution of surface continuity, and it is a very important matter to decide of what material these protectives ought to be made. On this question the authority of Sir Joseph Lister is unimpeachable, and he naturally seized the occasion offered by the Congress to make more widely known the great improvement he has recently effected in this direction. The non-irritating dressing, consisting of lint impregnated with the double cyanide of zinc and mercury, is already familiar to us in this country; it forms the latest of those valuable contributions of which Sir Joseph Lister has made so many to modern surgery. The dressing in question has now stood the test of one and a half year's trial in hospital practice, and the results obtained with it are ample justification of the promises respecting it which were held out at its introduction. — *Med. Press and Circular*.

A NEW source of lead poisoning has been discovered in Chicago. It seems that millers are in the habit of branding their flour-sacks with heavy blotches of paint, which soaks through the cloth and into the flour.

THALLIN IN TYPHOID FEVER.

Dr. F. Schmidt, in his graduation thesis at Berne in 1889 (*Les Nouveaux Remèdes*, July 24, 1890), reports the results which he obtained in the employment of thallin in twenty-two cases of typhoid fever, the remedy being given in doses varying from three-fourths to three grains in a day, with nothing given at night. The following are his conclusions:

1. The mortality of typhoid fever treated by thallin is less than that obtainable by any other mode of treatment.

2. Thallin, in the doses above mentioned, distinctly reduces the temperature in cases of moderate intensity, but in typhoid fever of extreme gravity this dose is insufficient. It also would seem that the patients support thallin better than cold baths.

3. In general the duration of the disease is not diminished, although this effect would appear to occur in a few isolated cases.

4. No unfavorable secondary action was noted either on the heart or lungs. There was no collapse or irritation of the kidneys. Nevertheless, basing his conclusions on the results obtained by other authors, Schmidt advises the withholding of thallin in all cases where renal lesions have been detected.

5. Thallin maintains a favorable influence on the sensorium in all cases of typhoid fever except those of extreme gravity.

6. Complications and relapses are not prevented by the use of thallin any more than by any other form of treatment.

7. If it is impossible to discover any specific action of thallin on typhoid fever, at least it would appear that certain effects exist which render this action probable.

Finally, the author considers the treatment by thallin in the majority of cases as in no respect inferior to that of cold baths, and in cases where there is a rapid progress of the disease would even seem superior. After having analyzed the thesis of Schmidt, Ruti-meyer adds that he has never observed

collapse even after doses considered excessive, even more than seven and one-half grains being given. In this amount thallin appears to clear the brain in severe as well as in the milder forms of typhoid fever.—*Therapeutic Gazette.*

ANTISEPTIC TREATMENT OF SCARLATINA.

According to the Paris correspondent of the *Archives of Pædiatrics*, Professor Hutinel has endeavored to determine the cause of the various complications of scarlet fever. His studies lead him to believe that these complications are due to secondary infection, and that the causative germs enter through the pharynx. If these hypotheses are true, the first indication in treatment is disinfection of the pharynx, and on this principle Dr. Hutinel has treated a number of cases with good results. As children cannot gargle, he uses irrigation by means of a large enema-syringe, through which a 3 per cent. boric acid solution is injected into the pharynx several times daily. He is careful to use a separate canula for each patient.

In addition to this, the throat is cleansed by mopping with a cotton tampon saturated with borated glycerine, and a few drops of borated vaseline-oil are dropped into the nostrils several times each day. The diet is confined to milk alone.

In thirty-five cases of scarlatina treated in this way there was one death. As to complications, six of the cases had albuminuria, one had rheumatism, one pleurisy, one otitis, and one diphtheria, but all the complications were promptly cured.—*Med. News.*

ALCOHOLIC HEREDITY IN DISEASES OF CHILDREN.

In the study of the early history of inebriates, a great variety of diseases common to childhood appear, and seem to have been more intense than in other children. Such cases seem to have suffered more severely than others from nutrient disorders, shocks, and traumatism; they are freighted with some heredity or predisposition to particular

forms of degeneration; the organism has received a certain bias from which it cannot escape. Alcohol, of all drugs, seems most potent to impress cell growth and function.

It is an established fact that alcoholic ancestors will transmit to their children a defective brain and nerve power. The form and shape of this defect will vary widely in their manifestations. In many cases the defect will not be prominent until after the higher peripheral brain has reached a certain development, especially in the growth of the emotional and inhibitory centres. In others this defect is seen in infancy, in an abnormal hyperæsthesia of the senses and nutrient disturbances. Some children show low powers of vitality and slow, irregular growth. This condition may continue for years, then gradually disappear, and only reappear at puberty, or later, in some distinct form of degeneration. Sometimes a marked neurasthenia and anæmia appear in early life and continue to puberty, then to develop into some chronic disease. Another class of children are noted who come from alcoholic ancestors by their precocious development of brain and nerve force. Inebriety, insanity, or both are very common sequels. Alcohol or opium in any form is almost always a grateful remedy. In some children the craving for spirits is manifest very early; but the abnormal tastes of children, and their extreme sensitiveness or obtuseness of sensory impressions, and low powers of vitality and recuperation are often clear symptoms of an alcoholic impression from ancestors. This alcoholic heredity will be seen in children that manifest extremes of activity, particularly where there is a tendency to the sudden liberation of nerve energies, as in violent passion, or work, play, or study, which is followed by extreme prostration. The child is said to be sullen, morose, or melancholy, then suddenly manifests the other extremes, indicating a great instability of brain cells and functional control. The child's life seems to be threatened with fevers, prostrations, and in-anitions, accompanied with mental irritations and wandering neuralgias, that

tax severely the skill of the physician. These conditions may follow other heredities, but they always point to a degree of nerve and brain degeneration or retarded development, and defective co-ordination, that must be recognized in treatment.

From these facts it will be obvious that the disease of children of alcoholic parentage are far more complex, and require greater care; for in addition to whatever disease they suffer from, there is always neurasthenia and defective control of brain centres.

The general principles of treatment recommended are:

1. No form of alcohol is safe, and narcotics of all kinds should be used with great care.

2. The diet should not include meats of any kind, because of their stimulating character.

3. The general hygiene should be most carefully attended to.

4. Cases of this sort should be guarded against every possible extreme.

Recent studies of alcoholism show that over 70 per cent. are directly inherited. If this is confirmed by later studies, the treatment of inebriety will in the future begin in infancy.—T. D. CROTHERS, M.D., *Am. Lancet*, June, 1890.

THE TREATMENT OF PHTHISIS WITH BORIC ACID.

For five years Dr. Gaucher has been studying the action of boric acid on pulmonary tuberculosis. He at first determined by means of experiments on animals the toxic limits of the drug, which he found to be in the ratio of about fifteen grains to each two and one-half pounds of the body-weight. He also found that it was eliminated rapidly by the kidneys, and that there is little danger of its accumulation. It is also eliminated by the lungs, and can be found in considerable amounts in the sputum of patients who are taking the drug.

Some of his experiments are interesting, and should encourage a careful trial of boric acid in the treatment of phthisis. For example, he injected

with a hypodermic needle a few drops of a pure culture of tubercle bacilli into the lungs of several rabbits. In this way he set up a local tuberculosis, which soon became caseous, but not generalized. Some of the animals died from pulmonary tuberculosis, others were killed, and in all pulmonary phthisis was found at the autopsy. He then repeated the inoculations on healthy rabbits, but fed them on bran mixed with boric acid. After a time these animals also were killed, but in all, the lungs, as well as the other organs, were quite free from tuberculosis.

As to clinical results, treatment with boric acid caused a notable diminution in the expectoration, which became more fluid and less purulent. Considerable time is, of course, necessary before the final results can be determined, but in the cases under observation it may be said that they improved in every way, while the tubercular disease in the lungs seemed to be at a standstill. The amount administered in these cases was fifteen grains, in divided doses, in twenty-four hours. As a rule, it will be found not to disorder the stomach, and in some of Dr. Gaucher's cases it seemed to check diarrhoea. As it has no disagreeable taste it is easily taken.—*Lancet*.

THE USE AND ABUSE OF PEPSIN.

The following are the conclusions of a paper read by Dr. Gustavus Elliot at the last meeting of the Connecticut State Medical Society:

1. Patients suffering temporarily from the ingestion of an excessive amount of nitrogenized food may obtain relief by taking pepsin, but it is very much more important that they should be warned of the evil consequences which will result from the repetition of such over-indulgence.

2. When annoying symptoms are the result of imperfect digestion of nitrogenized food, which has been taken in moderate amount, and when this is due to a deficiency in the quantity or quality of the gastric juice, it is more important to endeavor to increase the

secretion of the gastric juice, than to try to supplement the deficiency by the administration of an artificial pepsin.

3. In acute or chronic indigestion, or dyspepsia, pepsin is sometimes of great value for the immediate and transient relief of distressing and debilitating symptoms, while other measures are being employed to restore the digestion to its normal activity.

4. During the course of, and during convalescence from, certain acute diseases, as well as in some chronic diseases, characterized by transient weakness of the digestion and defective assimilation, pepsin is of considerable value in assisting to increase the assimilation of food.

5. When used for the cure of chronic indigestion and dyspepsia, pepsin is a snare and a delusion, giving a transient feeling of comfort, without increasing the digestive power of the stomach.—*Med. Record.*

INTESTINAL ANTISEPSIS.

Professor Cantani (*Deutsche med. Zeit.*, No. 43, 1890) states that treatment in disinfection of the intestine has two objects, the one to get rid of the micro-organisms, the other to eliminate their products—ptomaines. To accomplish these objects disinfectants may be given by the mouth or by the rectum. When given by the mouth it is doubtful whether the remedy ever reaches the intestine, since it is probably absorbed in the stomach, unless it is an insoluble or slowly soluble drug. Calomel has been given with this view, and is useful when the mischief is not great; in long-standing cases it is of no use. In typhoid fever large doses of charcoal (over three ounces daily) can be used with safety and benefit. Naphthalin, iodoform (up to fifteen grains daily), and bismuth salicylate, have been utilized in this way. These remedies certainly have a beneficial effect on the contents of the intestine, but do not act upon the mucous membrane, as they are insoluble. Carbolic acid, mercuric chloride, and similar soluble drugs, although they are good antiseptics, cannot be used with advantage, owing to

the small dose which is poisonous to man, and the readiness with which they are absorbed. Cantani considers that the best results are obtained by giving the antiseptics per anum. Large enemata pass the ileo-cæcal valve and enter the small intestine, and even the stomach. Cantani has several times observed oil in the vomit when enemata of an oil emulsion have been given. By the method of enemata all irritation of the stomach is avoided, the intestine is washed out, all poisonous substances (ptomaines, etc.), being removed. The vehicle used was oil or water, and the antiseptics or astringents were alum, salicylic acid preparations, thymol, aseptol, sulphocarbolate of zinc, boric acid, hydrochloric acid, sulphites, and hyposulphites. Cantani found tannic acid and carbolic acid the most useful remedies. Enemata of tannin, with one to one and one-half litres of water, were useful in all cases of fermentation in the intestine, and might be used in dysentery mixed with gum and alternated with enemata of oil. Meteorism and diarrhœa are ameliorated in typhoid fever by tannin enemata. Carbolic acid enemata (10 to 50 per cent. (!) of the acid in two litres of cold water, with fifteen grains of sulphate of quinine added) are useful in typhoid.

—*Sup. Brit. Med. Journal.*

INSANITY AND BRIGHT'S DISEASE.

Dr. Alice Bennett has made a thorough study of the relations between Bright's disease and insanity, and in an exhaustive paper read before the Pennsylvania State Medical Society draws the following conclusions:

1. That, contrary to the generally received opinion, affections of the kidney are very common among the insane.

2. That "uræmic poisoning" is one of the most frequent causes of insanity.

3. That while the mental manifestations may be as varied as there are different centers subjected to irritation by these unknown poisons, the most prominent and constant symptom is some form of mental pain, which may range from simple depression, through all degrees and varieties of delusions of persecu-

tion, self-condemnation and apprehension, with or without hallucinations, up to a condition characterized by a frenzy of fear, with extraordinary motor excitement, and rapid physical prostration—the “grave delirium” or “typhomania” of some authors.

4. That the motor centers are specially liable to be affected, as evidenced by the restlessness and incessant activity of many cases, less frequently by convulsions and convulsive twitching; occasionally by choreic movements; occasionally by cataleptoid states.

Dr. Bennett cites a large number of cases in support of her deductions.—*Med. News*.

PILOCARPINE IN DRYNESS OF THE TONGUE.

Extreme dryness of the tongue is, under any circumstances, a very distressing symptom, and one which does not readily yield to treatment whilst the concomitant cause remains in operation. The sucking of ice or sipping of bland fluids gives but temporary and inadequate relief, and the same may be said of glycerine employed as a paint. In this condition I have successfully used pilocarpine, grain 1-20th or grain 1-10th, in the form of a gelatine lamel allowed to dissolve on the tongue previously moistened with a sip of water. I find this small dose quickly establishes a moderate flow of saliva which persists for at least twenty-four hours, and is unaccompanied by excessive perspiration. The altered state of the mouth is often described by the patient as being delightful. I send this with the hope that others may share the satisfaction I have experienced, if they have not already done so, in this use of pilocarpine. It is scarcely necessary to add that we must exercise due caution in the use of so potent a remedy.—J. G. BLACKMAN, M.D., *Brit. Med. Journal*.

PICROTOXIN AND ITS USES.

Dr. Murell calls attention to the therapeutical uses of “a useful but much neglected remedy,” picrotoxin, an active substance obtained from the coc-

culus indicus, and it has come to the front in consequence of its being included in the list of additions of the British Pharmacopœia. The pharmacology of the drug has been thoroughly worked out and it has been shown to possess very definite physiological action. It has been recommended in epilepsy and chorea, and in certain forms of dyspepsia, megrim, and dysmenorrhœa. Externally it is used as a pigment or paint as a parasiticide, though one would scarcely have thought that there was a vacancy in this department. More to the point is its excellent effect in the sixtieth of a grain doses in checking the exhausting night sweats of phthisis. In its action on the secretions, picrotoxin is allied to pilocarpine and muscarine, and is antagonized by atropine and members of that group. Since the drug is not devoid of poisonous properties in larger doses it is well to know that its antidote is chloral hydrate.—*Med. Press and Circular*.

CEREBRAL ABSCESS WITH EPILEPTIC ATTACKS CURED BY TREPPANNING.

M. Hans Schmid, of Stettin (*Bull. de Thér.*), presented a patient cured of cerebral abscess. His patient had received a severe wound over the parietal bone, which, after having suppurated for a long time, was cured with the exception of the existence of a narrow fistula. Six weeks after the injury there occurred the first attack of epilepsy, which was soon followed by others of greater frequency.

An examination revealed the possibility of an abscess under the skull, communicating exteriorly by the sinus, which discharged a sero-purulent liquid. Trepanning was performed. An abscess existed, in effect, situated in the substance of the brain.

The cure was complete, and the epileptic attacks have completely disappeared.—*Times and Register*.


BINDING.—A VOLUME ($\frac{1}{4}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

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DR. J. C. CULBERTSON,

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199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, October 18, 1890.

The Week.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The sixteenth annual meeting of this all but national organization is over. The scientific work of the session was excellent, many of the papers being of a very superior order, and the discussions manifested a degree of right up to the times information that speaks very highly for the participants.

It was the common regret of every one that the President, Dr. Matthews, was on the invalid list, from a septic wound in the hand that had confined him to his room and bed for a month; his first outing was to the opening of this meeting, when he exerted himself to the utmost in delivering a brief, but not the less cordial welcome to the members. A single remark is worthy of note, that "the busy men of the profession were there, while most of those who have little to do were absent." This is characteristic of the material and make up of all such organizations as this. The professional working men have time to attend such meetings, they have time to write papers and books.

They are the omniverous readers of medical and other scientific journals, as well as the current literature of the day.

A paper on "Mechanical Obstruction in Diseases of the Uterus," by Dr. Geo. Hulbert, of St. Louis, and one on the "Surgical Treatment of Uterine Fibroids," by Dr. R. S. Sutton, of Pittsburg, elicited a very animated discussion.

Dr. I. N. Love, of St. Louis, read a paper on "Coffee, its Use and Abuse," in which he graphically depicted the value of this almost universally used berry as a nutrient as well as stimulant. "Treatment of Fracture of the Forearm by Different Methods" was discussed in an able paper by Dr. X. C. Scott, of Cleveland. Dr. Ohman Dumesnil, of St. Louis, narrated a case of "Phino-Plasma," with operation, while one of the best papers of the meeting was on "Chronic Diseases of the Joints," by Dr. J. Ransohoff, of this city. Dr. H. C. Dalton, of St. Louis, reported a series of cases with "Treatment of Penetrating Stab Wounds of the Abdomen."

"Torsion of the Arteries, as a Means for the Arrest of Hemorrhage," by Dr. J. B. Murdock, is the title of an able paper in which the author takes the most advanced ground in his advocacy of the use of this expedient even in the case of high amputation of the thigh, pronouncing this to be Nature's method for the arrest of hemorrhage from injury to blood vessels. That it was efficacious he knew from its use in many hundred instances, and was very much surprised that surgeons of large reputation, who are familiar with the method of its performance, still adhere to the ligature. He applies torsion to the largest vessels, and sleeps serenely in the belief that there will be no secondary hemorrhage.

Dr. C. H. Hughes read a very valuable paper on the "Psychic Sequences of an Entailed and Chronically Acquired Alcoholism."

In the evening Drs. Wathen, Yandell and Roberts gave very handsome receptions to the members.

An excursion to the Blind Asylum, participated in by a few of the members, was one of the most interesting of entertainments. To tell of the patient and laborous work of the teachers would be entirely beyond our skill in the use of words. We will say, the singing was melody and rhythm itself, the harmony could scarce be excelled by experts. A calisthenic drill of the sightless boys and girls by a blind teacher, was a marvel to witness, and finally, to see a score of blind boys playing a combination game of town and baseball, was only excelled by the same number of girls playing hide and seek. Our readers will say these things are not possible. Our only answer is: Go to the Kentucky Blind Asylum and you can see all these, as well as some other wonderful things that are patiently taught to the sightless. This institution is the only one in this country that operates printing presses that print books for the use of the blind.

The sanitary condition of the buildings and grounds seemed to be absolutely perfect. The Superintendent's name has slipped our memory, but we feel that all the same it ought to be printed here in capital letters. He is the right man in the right place. We've found it, his name is Prof. Huntoon.

On the second day the audience fairly filled the meeting room and gave practical evidence that this is much the largest meeting of the Mississippi Valley Medical Association that has ever been held.

"Acute Ascending Paralysis," was

the theme of an excellent paper by Dr. Joseph Eichberg, of this city. The same may be said of a paper on "Inguinal Colotomy, with Report of a Case," by Dr. Arch. Dixon, of Henderson, Ky.

Dr. C. S. Bond, of Richmond, Ind., showed the Association that he had continued his practical studies on "Urea and Its Influence on the Mucous Membrane." "Hypnotism in Its Relation to Surgery," was well illustrated in a paper by Dr. Emory Lamphear, of Kansas City. A very brief, but certainly one of the most useful of the papers read, was by Dr. Harold N. Moyer, of Chicago, on the "Hypodermatic Use of Arsenic." We expect to give our readers the benefit of this paper by publishing it in full.

One of the papers that excited a very animated discussion was read by Dr. John H. Hollister, of Chicago, on the "Help and Hindrance to Medical Progress," in which he brought out very fully the duty of the state in regulating medical education, after which he paid the medical press some very high compliments as spreaders of the medical news of the day, as well as leaders of scientific thought. The latter part of the paper, on the medical press, was conceded to be a happy and well put statement, but the educational topic brought some of the giants to their feet with statements of the subject from the standpoint of each. The men who are disconnected with medical colleges all urged a preliminary examination for students, equal to that for a high school diploma or teacher's certificate, while some of the professors urged that a medical education could only be expected to aspire to that of their clients, *i. e.*, a good doctor should have an education to correspond with that of a good merchant, railroad man, lawyer,

or minister, provided he has a *clientele* mostly made up of those classes. If his practice is among the illiterate a correspondingly limited education should go. It seemed sort o' queer to see higher standards and attainments advocated by those who are not practical teachers, while the reverse presented itself from the professor's side of the house.

This may be easily explained when we remember that those who are in an already overcrowded field with lots of active competition, are especially interested in limiting the number of future rivals; and also, they may be justly credited with having a professional pride that makes them desire to see men of a more cultivated intellect engaged in the practice of medicine. Such rivals always bring repute and higher fees. While the college professors feel assured of the higher fees that come from consultations with former students, and the greater the number of students the greater the number of consultations; hence, the two sides of the educational question that was earnestly and ably discussed at Louisville. The subject is pregnant with fat things, and should be thoroughly discussed by the medical press.

"Perineal, versus Suprapubic Cystotomy," by Dr. H. O. Walker, of Detroit, was one of the best surgical papers read at the meeting.

In the evening a reception and banquet at the Galt House closed the labors of the day. At the reception, the ladies were there; youth, beauty, culture and refinement, blended with a mantle of hospitality, pervaded the nooks and corners, as well as the middle of the great parlors and drawing rooms. Wit, mirth and humor tickled the ribs of every doctor there present.

As there seems to be a finale to all good things, in the midst of these entic-

ing allurements, the band began to play "Home, sweet Home." That means for us to go, was echoed from every woman's lips. The echo had in it a murmur and protest that, in our opinion, was entirely justifiable. The æsthetic and most gratifying, as well as refining pleasures of that evening, terminated when the ladies made their exit. We say this without finding fault with, or in any manner criticising the banquet that followed, and which was very elegant and well seasoned with appropriate toasts; we simply say, and wish it distinctly understood, that this discrimination and cut of such ladies as those of Louisville is wholly without warrant and justification.

The exhibits. Since the introduction of elegant and artistically beautiful pharmaceutical preparations, highly polished and ingeniously made instruments, chairs, tables and office furniture, the exhibit hall has been an attractive feature in most large gatherings of medical men. This meeting of the Mississippi Valley Medical Association was not an exception in this regard. Without making an exhaustive list and note of those who were there, we will mention that of Wm. R. Warner & Co., John Wyeth & Brother, Reed and Carnrick, The Lambert Pharmacal Co., The Antikamnia Co., Clark, Forbes & Co., J. A. Flexner, Lea Brothers & Co., D. Appleton & Co., R. W. Gardner, The Robinson-Petit Co., and Benzoinal M'fg. Co., made not only creditable but very beautiful displays. To country physicians these exhibits are particularly valuable as illustrating the improvements that are continually being made in our materia medica. In fact, in no other place is there given so useful an object lesson to physicians as may be found in one of these exhibit halls. They are veritable expositions.

Dr. John A. Wyeth, of New York, on the evening of the first day delivered a popular address on "The Medical Student." The medical colleges being in session, the aforesaid student was numerously present at the lecture. The lecture was filled with good points and good things, very happily expressed.

There were a number of other good papers read, but owing to our other engagements, we were unable to hear and make a note of them.

The occasion was one long to be remembered. Success perched upon the banners of the Society, and next year we anticipate even a larger attendance than at Louisville.

The officers selected for the year are: Dr. C. H. Hughes, of St. Louis, President; Dr. J. H. Hollister, of Chicago, First Vice-President; Dr. S. S. Thorn, of Toledo, Second Vice-President; Dr. E. S. McKee, of Cincinnati, Secretary; Dr. C. F. McGahan, of Chattanooga, Treasurer; Dr. I. N. Love, Chairman of Committee of Arrangements, and St. Louis the place of meeting.

Resolutions of thanks for hospitable entertainment were adopted, Dr. Hughes was presented as President, and the meeting adjourned.

LOCAL SOCIETY NOTICES.

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, October 21, Dr. A. B. RICHARDSON will read a paper entitled "Alcoholic Insanity: A Consideration of its Symptomatology, with Especial Relation to its Pathological Anatomy."

CORRIGENDA.—In our issue of Oct. 4, page 415, second column, the name of Dr. Wm. W. Seymour is incorrectly spelled.

REDUCED rates are *only* for those who pay *in advance*.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending October 10, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....
2.....
3.....	1	...	...	...	...	...
4.....	1	1	...	...	...	...
5.....	1	1	1	...
6.....
7.....	1	...	...	...	1	1	...	...	...	...
8.....	1	...	...	...	...	...
9.....
10.....	1	...	...	...	1	...	...	...	...	...
11.....	4	...	...	...	...	...
12.....	1	...	...	...	...	...
13.....	1	...	1	...	...	...
14.....	2	1	...	...	...	...
15.....	1	1	...	...	1	1
16.....	1	...	...	...	1	1	...	...	...	...
17.....
18.....
19.....
20.....
21.....	2	...	...	...	...	...
22.....	2	...	...	...	...	...
23.....	3	...	1	...	2	...
24.....	1	...	...	...	...	...
25.....	2	...	...	...	1	...	...	...	1	...
26.....	3	1	...	...	...	...
27.....	1	...	...	1	...	...
28.....	4	1	...	...	...	...
29.....	1	...	...	...	...	...
30.....
Public Institutions.....
Totals.....	5	...	...	...	31	8	2	4	5	...
Last week.....	9	...	...	...	30	6	1	...	5	...

The following is the mortality report for the week ending October 10, 1890.

Croup.....	4
Cholera Infantum.....	1
Diarrhoea.....	1
Diphtheria.....	8
Typhoid Fever.....	5
Other Zymotic Diseases.....	0—19
Cancer.....	2
Consumption.....	10
Other Constitutional Diseases.....	5—17
Apoplexy.....	4

Bright's Disease.....	2
Bronchitis.....	1
Enteritis.....	2
Heart Disease.....	4
Meningitis.....	6
Nephritis.....	2
Peritonitis.....	1
Pneumonia.....	7
Other Local Diseases.....	19-48
Deaths from Developmental Diseases.....	12
Deaths from Violence.....	8
Deaths from all causes.....	104
Annual rate per 1,000.....	16.64
Deaths under 1 year.....	20
Deaths under 5 years.....	40
Deaths for corresponding week of 1889...	89
Deaths for corresponding week of 1888...	83
Deaths for corresponding week of 1887...	80

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 69 cities and towns during the week ending October 10, 1890:

Diphtheria: Carthage, 3 cases; Cincinnati, 31 cases, 8 deaths; Cleveland, 12 cases, 1 death; Columbus, 15 cases; Dayton, 32 cases; Defiance, 2 cases, 1 death; Delta, 2 cases; Hartwell, 2 cases; Ironton, 1 case; Jamestown, 1 case; Leesburg, 1 case; Mansfield, 1 case; Middletown, 1 case; Mt. Vernon, 2 cases; Nelsonville, 7 cases, 1 death; Sandusky, 1 case, 1 death; Springfield, 1 case; Sunbury, 1 case; Tiffin, 1 case; Toledo, 12 cases, 5 deaths; Wellston, 3 cases, 1 death; West Jefferson, 2 cases; Wilmington, 2 cases, 1 death; Youngstown, 2 cases.

Scarlet Fever: Celina, 2 cases; Chagrin Falls, 1 case, 1 death; Cincinnati, 5 cases; Cleveland, 15 cases; Columbus, 8 cases; Dayton, 2 cases; Defiance, 1 case; Ironton, 2 cases; Mansfield, 2 cases; Mt. Vernon, 1 case; New Lisbon, 1 case; Ottawa, 2 cases; Shawnee, 4 cases; Youngstown, 1 case.

Typhoid Fever: Ada, 1 case, 1 death; Beverly, 1 case; Chicago, 2 cases; Cincinnati, 4 cases, 5 deaths; Cleveland, 5 cases, 5 deaths; Columbus, 3 deaths; Coshocton, 2 cases; Defiance, 1 case, 1 death; East Palestine, 1 case; Fostoria, 4 cases; London, 6 cases, 1 death; McComb, 1 case; Mansfield, 3 cases; Millersburg, 2 cases; Norwalk, 3 cases, 1 death; New Lisbon, 2 cases; New Paris, 1 case; Oak Harbor, 2 cases; Ottawa, 2 cases; Reading, 1 case, 1 death; Sabina, 1 case; Sandusky, 2 cases; Shawnee, 6 cases; Springfield, 2 cases, 2 deaths; Sunbury, 2 cases; Toledo, 1 death; Uhrichsville, 1 case, 1 death; Upper Sandusky, 2 cases; Utica, 3 cases; Versailles, 1 case; Wilmington, 2 cases; Youngstown, 4 cases; Olmsted Tp., 1 case; Wabash Tp., 1 case.

Whooping-Cough: Epidemic at Chagrin Falls.

Measles: Coshocton, 1 case.

No infectious diseases reported to health officers in 20 towns.

C. O. PROBST, M.D., Secretary.

Miscellany.

MINNESOTA MEDICAL PRACTICE ACTS.

The result of seven years' operation of Medical Practice Acts in Minnesota has been to reduce the ratio of physicians to population from 1 to 650 to 1 to 1,250. Hundreds of charlatans have been driven over to Michigan and other unprotected States. In comparing the proportion of physicians in Minnesota to that existing in European countries like France and Italy, it must be borne in mind that, where the population is scattered, the work is far greater than when people are closely packed in thickly populated districts. It is doubtful if one man can attend 1,250 people as easily in Minnesota as he could 3,500 in Italy.

The present law has been in operation for three years, and in that time 205 candidates presented themselves, and 77 of these were rejected. Many other incompetents were doubtless deterred from presenting themselves by the fear of rejection. The Examining Board has conferred a priceless boon upon the citizens of Minnesota, and its appeal for support and co-operation from the physicians of the State should be universally responded to.—*N. W. Lancet.*

THUNDER AND SOUR MILK.

The effect of thunderstorms in turning milk sour is a matter of constant observation in every household. It is not certainly known to what element in the air this souring action on milk is to be directly attributed, and most people are content to ascribe it to "electricity in the air." An Italian *savant*, Professor G. Tolomei, has lately made some experiments with the view of elucidating this question. He found that the passage of an electric current directly through the milk not only did not hasten, but actually delayed, acidulation, milk so treated not becoming sour until from the sixth to the ninth day, whereas milk not so electrified became

markedly acid on the third day. When, however, the surface of a quantity of milk was brought close under the two balls of a Holtz machine the milk soon became sour, and this effect he attributes to the ozone generated, for when the discharge was silent the milk soured with greater rapidity than when the discharge was explosive, in the former case more ozone being formed than in the latter. The souring of milk is generally attributed to the growth of a ferment (bacterium), which converts the milk sugar into lactic acid. It is possible, then, that the presence of ozone in the air overlying the milk hastens the growth and multiplication of the bacterium. The first observation—namely, the retardation of souring by the passage of a current through the milk—may be a point of practical importance to milk traders. Any methods of preserving milk from its first retrogressive changes, which does not involve the addition of extraneous substances (antiseptics) to the milk, and which is at the same time cheap, effec-

tive, and not likely to prove injurious to the consumer, is sure to be welcomed at a time when milk is sent long distances to market, and is often stored for a considerable time before it reaches the consumer.—*British Med. Journal.*

THE MATTISON METHOD.

Dr. J. B. Mattison, of this city, is certainly entitled to have his name associated with the method which he has devised and perfected for the treatment of the opium habit. This method is distinct from either that of Erlenmeyer or of Levinstein, and is as original as either. In an exhaustive paper on "The Treatment of the Morphine Disease," contributed by the doctor to the September number of the *Therapeutic Gazette*, the details of his method are fully described. Those who are interested can obtain reprints on application to the author.—*Brooklyn Med. Journal.*

Attention is called to the advertisement of the Nedöfik Sofa, page ix.

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**SOME OBSERVATIONS ON
THE PROPER RELATIONS
OF THE GENERAL MEDICAL
PROFESSION TO THE TREAT-
MENT OF INSANITY.**

A Paper read before the South-Western Ohio
Medical Society, October 16, 1890,

BY

A. B. RICHARDSON, M.D.,
CINCINNATI.

The group of diseases of which the more active and significant symptoms are the disorders of the faculties of the mind, is one which is of great importance to humanity and of absorbing interest to every student of psychology. A study of the mind diseased is essential to that broad and comprehensive view of the relations of body and mind which can alone enable us to form an approximately correct estimate of the part which each performs in the animal economy. No student of psychology can estimate correctly the scope of man's mental functions until he has seen the disorder into which these may be thrown by the underlying physical disturbance of the cerebral structure, and no student of theology can have a just conception of the real nature of man's moral character, the impulses which are the mainsprings of his activity, until he has seen the relation which these bear to physical structure, and has noted the defect and disorder caused in them by alterations in cerebral tissues.

The frequency with which these diseases occur, renders their investigation a necessity to the welfare of the human race; and to the medical pro-

fession is this investigation most naturally and chiefly entrusted. In this respect we are our brother's keeper, and it is impossible for us to escape the responsibilities which our profession imposes.

According to the Report of the Commissioners of Lunacy for England, for the year 1887, there was then in that country one insane person to every 449 of the population. In the United States statistics are not yet sufficiently complete to form a reliable basis for estimate, but the proportion cannot, in all probability, be much below that in England.

The most favorable conditions for the development of insanity, and the accumulation of the insane, are found in the centers of population, where competition is most severe, and the struggle for existence most trying, and among the classes where poverty, privation, excess and irregularity, add fuel to the smoldering flame within. Here in Hamilton County, with a population slightly in excess of 370,000, we have a visible pauper insane population of more than 800 in the public asylum, besides the number who are provided for at home, among friends, or in private institutions. This gives a proportion in excess of one to 460, and impresses upon us the necessity for a careful study of the conditions developing the disease and of the requirements of its unfortunate victims. Insanity, too, is of such a nature that it usually requires more or less restraint of liberty, and consequently necessitates institution care. An attempt to treat mental disorders without the change of environment and the command of the person which an institution affords, will serve to show the difficulties of such an undertaking. Cases of insanity undoubtedly occur in which

institution treatment is an injury—I have seen several such—but they are the exception and require to be carefully selected before such attempt should be made.

Owing, therefore, either to the nature of the disease, or to the condition of the patient, the insane are to be looked upon as the wards of the state, and provision must be made for their treatment and protection. The study of mental diseases, the care of the insane, and the architectural provision for their treatment, have shared in the spirit of investigation and scientific progress, which has been seen in all lines of medical research of late years, and much benefit has resulted. Great improvements have been effected, old abuses corrected, and mistaken ideas supplanted. Yet so much remains to be done that it would seem that a commencement has scarcely yet been made. It is, of course, established that there is a pathological tissue basis for insanity, and that the brain is the organ of the body in which the physical disorder rests; that insanity is in fact merely an expression of disordered brain function of a particular kind—a symptom, of which the originating disease lies hidden in the microscopical elements of the cortical areas of the most highly differentiated, most delicate, and most important organ in man's physical structure. The functions of this organ are so complex, so highly developed, and so vital to the welfare of the organism, its anatomical peculiarities are so difficult to discover, and its pathology so readily eludes all known methods of investigation, that these, of themselves, are sufficient to consume the lifetime of any individual who attempts to give the subject of insanity such attention as will enable him to make an advance beyond the present limits of our knowledge.

Original research in this field is only productive of valuable results when pursued by individuals who, by training and long experience, are enabled to sift the evidence of their senses with reliability, and to interpret accurately the indications before them. Adding to these requirements the fact that the

nature of the symptoms of the disease usually makes hospital treatment necessary, it will be seen that the treatment of insanity and the care of the insane must be left largely in the hands of specialists. Not only must it be placed in the hands of specialists, but such special provision must be made for the custodial care of its subjects that they are further excluded from the supervision of the general medical profession. Then couple with these facts the custom which prevails almost universally in institutions for the medical education of students preparing for the general practice of their profession, of omitting all consideration of mental disorders from their curriculum, and we have such a combination as produces the legitimate and inevitable result of a total ignoring of the whole subject of mental diseases by the practitioner in general medicine. As soon as mental symptoms develop, he is inclined to shrink from their investigation as if the disorder had passed into a realm closed to the scrutiny of the student of *Æsculapius*. The enchanted isle, where mind and matter in fertile union evolve the creature man, he never seeks to enter, but contents himself with a survey of the creature's physical structure after the evolution has been performed and the union effected.

Now I shall not consume time by making an argument on the necessity for some change in the prevailing custom among us in this regard, further than to assert that no practitioner in medicine can have a just comprehension of man's physical structure without a reasonable investigation of the influences that affect it from the functional side, and cannot fully estimate the scope and character of the weapons to be used in the correction of its disorders unless he has some just conception of the manner and extent in which it is controlled by that great balance wheel of the animal economy, the cortex of the central organ of the nervous system. Its disorders are not confined in their influence to the brain cortex alone, but influence more or less the entire organism, and likewise the disorders seen in the other parts of the

physical structure are colored by the conditions which prevail in this central organ.

It is unquestionably true that anything like an exhaustive investigation of mental disorder must be left to the specialist, and the treatment of most cases of such disorder will be referred to him; but this does not mean an ignoring of the whole subject. We have oculists, aurists, laryngologists, surgeons, gynecologists, and now and then a stray neurologist, who are conceded a legitimate field for their work. The student in the medical school is given a careful instruction in the anatomy, physiology and pathology of the eye, ear, throat, sexual organs, and is trained in general surgery. He is even given instruction in the structure and general pathology of the general nervous system, but when it comes to the consideration of the mind developing areas of the cerebral cortex, by far the most important structure of the whole animal economy, the line is drawn and this entire field of investigation excluded. The student is given no opportunity to investigate its functions or learn the significance of the evidences of its disorders. Now it is very true that we have not yet been able to isolate the bacillus which gives origin to an insane delusion, nor to localize the functions of particular groups of brain-cells with sufficient exactness to trephine for the removal of an irresistible impulse. Mathematical exactness in mental pathology is, alas, still far in the future, yet we do know sufficient regarding its processes to remove the disorder from the domain of the supernatural, and to demonstrate that its successful treatment does not depend either upon an increase in faith on the part of the patient or the manifestation of supernatural power on the part of the physician. It is a disease which belongs among the other diseases of our physical organization, and should receive proportionate attention from teachers and students in medicine. This attention should be sufficient to enable the student to form a proper estimate of such cases as will come before him, to give an intelligent prognosis and to discriminate

such cases as offer prospect of benefit from treatment. The pathology which is known should be taught, just as the pathology of exophthalmic goitre, of syphilis, of cancer, and of many other diseases is now taught, though we may be compelled at some future time to modify existing theories in many of them. Instruction in mental disease should be clinical, as well as didactic, for I can scarcely conceive of a student forming an intelligent idea of insanity, one which will be of practical utility to him, without seeing for himself its symptomatology. Clinical instruction here holds in every respect as important a place as in any other department of medicine, and we may as well attempt to educate an oculist without clinical instruction in diseases of the eye and a training in the technique, as to give a student an intelligent conception of insanity without the opportunity to observe its clinical manifestations, and to note the management of individual cases. This brings up another consideration, to wit: the relation which institution or hospital treatment of the insane should hold to the medical schools and the medical profession at large.

The fact that the treatment of insanity usually requires compulsory control, and that the nature of the disease is such that forcible restraint is often necessary, renders a responsible authority for the protection of the patient's interests of vital importance. There is none safer than the authority of the state. This is doubtless far from perfect, but has fewer dangers than any other form that is now possible. The state should exercise a supervision over every insane person who in any way requires restraint or whose best interests make necessary the curtailment of his liberty; for both custodial and curative treatment such supervision, when honestly used for the welfare of the insane alone, is preferable to any system of private charity or the provision of private capital. I say this advisedly, and with the full consciousness that we have in our own state the humiliating and degrading subordination of the best interests of all defective classes to the

behests of partisanship. Such foul blots, however, are but of temporary duration and limited extent, and it will not be many days, I hope, until an awakened public sentiment in this state will lift up these sacred trusts to a height beyond the reach of the demands of the political spoilsman.

The immediate control of the insane should be in the hands of competent and experienced medical authority. The treatment of insanity is a most complex subject, and embraces the entire patient and every circumstance of his environment. Every feature of his case, therefore, be it medicinal, dietetic, protective or moral, should be under the scrutiny of trained and expert medical authority. This principle has been already generally conceded in theory at least, and almost without exception, asylums for insane in the United States are in charge of medical officers. This medical supervision, however, is very deficient in many particulars. One individual is supposed to possess time and capacity sufficient to enable him successfully to conduct every department of this exceedingly complex subject. He is steward, engineer, health officer, chief executive, physician, psychologist, gynecologist, oculist, rhinologist, neurologist and pathologist combined, the *fons et origo* of all wisdom and the court of last resort in every question of dispute. It is needless to say that the individual who combines all these qualifications is a jewel, and in scarcity at least unequalled in value by any stones of the Orient. This condition of things has arisen, I presume, from the conceded necessity for one responsible head in every institution organization. There should be but one. Divided responsibility and authority brings discord and failure. This authority, too, should be one skilled in the treatment of insanity, and of the broadest possible training in all psychological subjects. He should be given full power to decide the propriety of all forms of treatment, and be directly responsible to a competent board of control for all his decisions. Associates in medical treatment, however, should not be, as they are now,

editions in smaller type and inferior binding of the one author. The head of the institution should have competent assistants sufficient to execute his orders and carry out the treatment which belongs rightfully to his individual department. This is just where the present organization usually stops. With the present methods of locating institutions for the treatment of the insane, this is sometimes nearly all that can be secured. Even here, however, something more can be made practical. The state should at least employ an experienced pathologist in every asylum for the insane, and should authorize post-mortem examinations in every case in which it is thought desirable. I am speaking, of course, of institutions supported by taxation and under state control. A careful clinical record of every case should be required. The acute and presumably curable cases should be separated from the incurable sufficiently to enable them to be individualized and to make available all the accessories in their treatment which offer any prospect of benefit. Baths, electricity, gymnastic exercise, massage, employment, and the adaptation of all the effects of association, seclusion, restraint, personal liberty, and other moral means, to each individual case, should be studied in their effects, and utilized for the benefit of every case in which they offer any possible prospect of advantage in the treatment.

In a large proportion of the institutions already located, more than this can be accomplished. Many of them are situated in close proximity to centers of medical education. Under these circumstances many other questions of importance arise. The general medical profession has responsibilities and claims which should not be disregarded. The state should not only permit, but make provision for the clinical instruction of students of medicine in such institutions. Let us illustrate our meaning by taking the situation here in Cincinnati. The insane of Hamilton County are now huddled together in an institution fully one-third too small for even their physical requirements, but ill-fitted for their

custodial care, and wholly unfitted for their curative treatment. There is no attempt whatever to utilize the clinical advantages in connection with the schools of medicine. There has been nothing done since the organization of the institution to advance the cause of mental pathology. The profession at large and the science of medicine would be just where it is now had the institution never existed and had our insane been banished to Siberia instead of confined within its walls. Not a line has appeared, not a thought been suggested that will in any manner enlighten the darkness or assist to penetrate the mysteries that enshroud the evolution of our psychic functions. This is not as it should be. I am aware of the embarrassments in the past, and reflect upon no officials either in that institution or elsewhere by these criticisms. The fault lies in a general failure of the public, and particularly the medical profession at large to keep alive to the possibilities of the situation and abreast with the spirit of the times. It is not too late, however, to apply remedies which will remove many of the defects of the present system. As already intimated, there is a crying demand for more room for the insane of this county. It must be provided. Is it right to provide this simply by developing the present system under the same conditions? Surely something better can be done for science and our profession as well as for the insane themselves.

The hospital idea should be brought to the front more prominently. There should be organized for the acute insane of Cincinnati and Hamilton County a hospital fully equipped with everything which will assist in any manner in the recovery of the patients. It should have an experienced head, who should be skilled in mental disease and entirely independent of all political interference. He should have sufficient aid in the work of his department to enable him to conduct it efficiently. Resident medical internes should be permitted, that in this manner a more intimate knowledge of the subject of insanity may in time be disseminated throughout the general profession. In addition to this resident

staff, so organized, there should be a consulting staff of physicians who should be skilled specialists in their particular departments. The various departments of internal medicine, surgery, eye and ear, nose and throat, gynecology, surgery, and possibly others should be represented and should be called to the aid of every case in which their services promise any value.⁽¹⁾ These institutions teem with cases of great interest, professionally, to all these departments, in which much benefit might be derived from intelligent treatment. Possibly the greatest good that would be accomplished would be the stimulation that would be given to the resident staff to keep themselves in line with scientific progress and to spur them on to original investigations. They would be kept more in touch with the student line of the profession and prevented from falling into the nerveless routine which now so often characterizes the work of such institutions. This connection of the consulting staff should be under the control of the general head of the institution.

The capacity of the institution should be so limited that this chief would be able to decide whether any of these forms of special treatment would jeopardize or improve the mental condition of the patient. For instance, I have seen cases with unquestionable uterine disease, where any form of local treatment from moral causes would have proven a serious injury and endangered the mental improvement. In others, however, good could have been accomplished. The work of these consulting specialists too would undoubtedly be of great value in many cases in clearing up the causation of mental disorder, the etiology of which is confessedly most

¹ Understand me now, I do not concede that this consulting staff would prove more capable alienists than one who gives his entire time to such investigations, but they would prove invaluable aids. *Mens sana in corpora sano* is a trite proverb, not so ancient but that it has a forcible application to modern pathology. If we would give the greatest efficiency to our mind tissues we must put in the best possible condition all the organs of the body, and therefore experts in all the different fields of medicine should be called to the assistance of the alienist.

obscure. The location of this institution should be convenient to the city and within reach of the students of the medical schools. Suitable provision should be made for the clinical instruction of students under proper restrictions and every possible means should be afforded to them to gain an intelligent idea of the causation, symptomatology, treatment and prognosis in all the simpler forms of mental disorder. There should be a skilled pathologist and microscopist who should work in connection with all the departments, and a complete record should be kept of every feature of every case which will tend to throw any light upon it in any direction.

The capacity of such an institution should not exceed 250, and only those cases should be treated in it in which the disease is of short duration or there is reason to believe that benefit to the mental symptoms would be derived from such treatment. As soon as the curable period was past or symptoms developed that precluded the hope of recovery they should be transferred to the present institution, which should be utilized for the custodial treatment of incurable cases alone. They might without detriment remain under the same board of control, but should be entirely separate as far as the organization of the medical staff of each is concerned.

Such a hospital need not be an expensive luxury, and is in no sense a utopian scheme. Not including the cost of land, it could be constructed and fully equipped at less than one thousand dollars per capita.

The many advantages of such a hospital may be briefly enumerated. First in importance is the stimulation which would be given to the study of mental disease by the students of the medical colleges of the city, through whom there would soon be disseminated a more accurate knowledge of its symptoms, prognosis and treatment. This could but result in great good to the insane by giving them the benefit of more enlightened treatment at the time when treatment is of most avail. Scarcely less important is the assistance which such an institution would be to the cause of science by

promoting original investigations in mental pathology, bringing to its aid what would be the interest of every department of medicine. The present organization of asylums for insane is such as to sadly and almost inevitably interfere with such original work, and explains the meagerness of the results thus far from specialists in that department. It is only in a very few institutions of comparatively small size, in proximity to medical centers, where the specialist in charge has been largely relieved from the details of executive supervision, that opportunity has been afforded for such investigations. Usually both the method of selecting superintendents of insane hospitals, as well as the diverse nature of their duties, gives no hope that any reliable scientific progress can be made through them. They may be men of capacity and with a taste for original work which only needs opportunity to bear fruit, but the attention which they are compelled to give to mechanics, the government of employes, the financial management of the institution, and often to political affairs, precludes the exercise of that scientific spirit with the energy which can alone produce results of value.

The immediate effect which such an institution would have in promoting the welfare of the curable insane is also of great importance. It could but result in great good to this class. It would render possible a careful study of each case and a careful application to each of every possible element, be it either medicinal, dietetic, hygienic, architectural or moral, which can aid in his restoration. The separation of the curable class will enable them to receive all these aids without necessitating the use of such means with the other classes in which they can be of no advantage. All the insane of the county should be sent to this hospital for diagnosis and remain for such length of time as will suffice to determine whether recovery or decided improvement is possible, and transfer be made to the custodial department at the discretion of those in charge, when such recovery or improvement is found to be impossible. This may be in some cases

within one month, and in others not for a year or more.

Of course the current expenses of such a hospital would be greater than the same accommodation, in numbers, by additions to the present institution, but the benefits to the insane, to the cause of medical education and to the cause of science itself, would prove of sufficient value to compensate the city and the state many times over for all the additional expenditure.

136 W. Eighth St.

NASAL REFLEXES.

A Paper read before the American Rhinological Association, October, 1890,

BY

A. B. THRASHER, A.M., M.D.,
CINCINNATI.

The multiplicity of symptoms attributed by the modern rhinologist to nasal reflexes has caused not a little opprobrium to fall to the lot of the specialist.

Among the affections attributable to intra-nasal lesions are: Asthma; hay-fever; cough; spasm of glottis; gastralgia; dyspepsia; tumefaction and redness of skin of nose; œdema of conjunctiva; conjunctivitis; photophobia; epiphora; asthenopia; glaucoma; scotoma; salivation; cardiac palpitation; disorders of smell; taste; hearing and sight; huskiness of voice and aphonia; exophthalmic goitre; rheumatic pains; vertigo; chorea; epilepsy; melancholia; agoraphobia; aprosexia; neurasthenia; migraine; cephalalgia; neuralgias; nocturnal enuresis; many uterine disorders; affections of the genito-urinary mucous membrane; etc., etc.

Many of the affections are not true reflexes, but are caused by blood pressure, or by extension of inflammation by continuity of tissue, or in some other way not reflex. The specialist should carefully examine the nose, but he should also be a general physician and search the entire system for the often obscure *causus morbi*.

Dr. Thrasher reported two cases of reflex salivation, due to intra-nasal disease,

He thought that the cause of the nasal reflex was two fold. Primarily, a diseased condition of the respiratory tract of the nose. Secondly, an abnormal irritability of the central nervous ganglia. This affection of the central nervous system might be caused by repeated irritation of the intra-nasal tissues; or, it might be due to some extra-nasal irritation. It was more apt to be manifest in individuals of a nervous dyscrasia.

The condition of vaso-motor paresis, very different from active inflammation, is generally present, although it may be masked by acute inflammation.

The immediate exciting cause of the reflex may be a mechanical, chemical, or thermal irritant.

There is at times some difficulty in making the diagnosis, as the severity of the reflex is not in proportion to the amount of nasal disease. Neither does it follow that when one of the above symptoms is present along with well marked intra-nasal disease, that the latter is due to the former. Sometimes the local application of cocaine will abolish the reflex, or, again, it may be excited by the irritation of a nasal probe, but the means are not always to be relied on. As a rule constitutional as well as local treatment must be instituted.

In these reflex disturbances it becomes apparent that the specialist should be broad in his ideas, not viewing the whole world through his nasal speculum, or not expecting to see the cause of all bodily ailments reflected in his rhinoscope.

BOROGLYCERIN CREAM.—The following preparation is said to be excellent for chapped hands, lips, etc.:

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THE PSYCHOPATHIC SEQUENCES OF HEREDITARY ALCOHOLIC ENTAILMENT.

A Paper read at the Mississippi Valley Medical Association, at Louisville,
Oct. 11, 1890,

BY

C. H. HUGHES, M.D., St. Louis,
Professor of Psychiatry and Neurology, Marion Sims College of Medicine; Late
Superintendent of the Missouri
State Lunatic Asylum
No. 1, etc.

Nothing in neuropathology is now plainer than the retrograde heredity of chronic alcoholics. This poison interferes with the highly organized physiological movements of the psychical centers, arresting and perverting the complex activities of the cerebral cortex and beginning a decadent and perverted neural metamorphosis that goes on from one stage of instability to another until the final ending of all neural instability is reached (unless fortuitously arrested), in dementia or imbecility and death, when even perverted neural force can no longer be evolved. The evolution of the psychical center thus arrested or perverted, ends in dissolution and extinction of type.

The neuropathic thrall of entailed alcoholism is no new theme to neurologists. The researches of Morel in the field of neuropathic degeneracy sequent to ancestral alcoholic excess have been so often affirmed and reaffirmed by credible medical testimony that no doubt now remains in the medical mind of the power of excessive ancestral alcoholic indulgence to pervert neuropsychic function in the descendants of victims of this vicious disease.

We need not dispute the point as to whether alcoholism is a vice or disease, for it is and it may be both or either, and whether it in the beginning be one or both, its ending is always in disease, which is either the beginning or continuance of a transmitted neuropathic or neuro-psychopathic heritage.

If the first generation, as Morel has observed, shows immorality, alcoholic excess and brutal degradation, the second one will usually show, as he also

observed, hereditary drunkenness, maniacal attacks and general paralysis or some similar psychopathic affection. The third generation may show sobriety, but instead of the transmitted drunkenness, the hereditary neuropathic perversion will probably reveal itself, as Morel saw it, in hypochondria, mania, lypomania and tendency to homicide and suicide; and we shall see in the fourth generation, as he saw, feeble intelligence, stupidity, early insanity, and the beginning of the end of the family in extinction.

All alienists have confirmed this observation of Morel, and the fatal heritage of chronic alcoholic toxæmia is proven upon the living within the walls of asylums for the insane over the world, and in every walk of life without, and upon the cadavers of those who have died under the power of this neuro-toxic force. We no longer need the extensive clinical observations of Magnan or the later pathological researches of Bevan Lewis for proof. The diseased arterioles, the granular degenerations of the nerve cells, pericellular and perivascular nuclei proliferation, aneurismal dilatations, and exudative and indurative cerebral changes, are too familiar now to be longer doubted; and witnesses too many to be here enumerated, embracing all who have clinically studied inebriety, attest the fact that the habitual, long-continued use of alcohol as a beverage in excessive quantity in one generation makes an indelible impress upon the nerve stability of the generations that follow.

It has the power of engendering undoubted neuropathic and psychopathic conditions directly in the individual, as the oft-observed and no longer-doubted delirium tremens, epilepsy, insanity and imbecility, paralysis, and the neuritides of drunkards show.

But the morbid entailments of alcoholic excess do not stop with the individual, but pass over in greater force to his descendants. These morbid endowments of the drink habit are more apparent in the drunkard's progeny, for the reason that his children come into the world dowered with less power of neurotic resistance to the depressing and

perverting assaults of alcohol and its compounds upon the integrity of the ganglion cells of the cerebrum, and the nervous centers of the whole cerebro-spinal axis and sympathetic system.

By reason of a better organic heritage and the greater inherent power of vital resistance the drinking person may show but little of the inroads his alcoholic excesses are making upon the physiological soundness of his cerebro-spinal and ganglionic centers. An occasional or single epileptic seizure during a debauch, or none at all, during a life given to drink, some perversions of disposition or mental depression, or a day or two of trance following a prolonged spree once or twice in a life time, or none of these evidences of cerebro-psychical damage may so markedly appear.

None of these positive and more directly perceptible consequences of alcoholic damage may appear in the individual. He may go through life moderately full of alcohol, able to attend in a fairly good manner to the routine demands of his business, to be cut off prematurely under some slight extra organic strain (for one of his extraordinary hereditary endowment of nerve resistance), by an apoplexy—cerebral or pulmonary—which another, less strongly endowed for resistance by nature, would have withstood.

The nerve mechanism which never escapes in the habitual or periodic excessive drinker, but more especially in the regular so-called moderate social drinker (who never sprees, though seldom refuses when asked to drink, who takes his regular evening night-cap and morning eye-opener and tri-daily appetizer) is the vaso-motor system. This failure causes the pneumoniac to die from an attack of lung fever of no greater severity of causation than that of which his non-drinking fellow in the next bed promptly recovers. He may die prematurely of an over-worked kidney or an over-taxed liver, by reason of ganglionic paralysis (and I believe that over-distension of the renal circulation from the general vascular hyperæmia of over-brain-strain and alcoholic stimulation combined are the remote causative

factors of Bright's disease), and neither he nor his friends may think that alcohol has done him harm.

But look at the drinking man's children! He may have been himself a very proper and apparently healthy citizen, beginning in early life a regular business, and having acquired and filled a regular and honorable business place in the world, and never seriously sick till the last acute illness that suddenly carries him off before his physiologically appointed time.

Why is one child an idiot or imbecile, another erratic, moody, violent, visionary, melancholic or insane, epileptic or choreic, suddenly criminal, despite the best of training and environment, especially among his latest offspring, while only the children born of his loins earlier in life, when alcoholic excess had made no organic impress upon him, are ordinarily healthy in mind and body?

The habitual disturbances of organic function—morbid physiological exaltation and reactionary morbid depression, through increased vascular relaxation and consequent capillary congestion may not materially affect the integrity of function in the matured cells of the psychical centers of the parent of sober lineage, so as to markedly modify their matured and long-established habit of acting, but in the drunkard's child who starts unstably endowed by hereditary neuropathic entailment resulting from an ancestor's alcoholic excess, the resistance power of the parent or parents in early life is not in the child's organism. He is a step lower than his father or mother, or both, if they were habitual drinkers, in the scale of organic degradation and consequent feebleness of resistance to the assaults, not only of alcohol from within, but of their environments from without, and they reveal this hereditary organic degradation in erratic actions, morbid, insane and criminal conduct—conduct which in them is always the offspring, in whole or in part, of disease—disease within, and in them consequently, overpowering influences from without, though the circumstances in their environment which lead them irresistibly

into a crime, like the circumstances without which cause in them diseases their parents had not shown, and crime their parents resisted.

The drunkard's child's crime is not all his voluntary crime, nor his vice engendered diseases all disease of his own making. His father, or his father's father or mother may have deliberately chosen that which, with all its voluntary seeming in the boy, is become to him an inexorable (morbid or so-called immoral) fate. "The fathers have eaten sour grapes, and the children's teeth are set on edge."

With this too cursory preliminary review of what we know of the hereditary neurotic enthrallment of alcohol, we record an interesting hypothetical case, which we will suppose to cover the facts in an important medico-legal record of entailed alcoholic disease and crime perpetuated under its fatal sway.

HYPOTHETICAL CASE.

Suppose a young man, just after reaching maturity, is indicted for the unprovoked murder of a very near and dear relative in whose family the following abnormal traits were established: The young man's maternal great-grandfather was a gourmand, a confirmed inebriate and a hypochondriac, his life ending in gloom and apoplexy. He left one son who also became an inebriate in early youth, and died of drink. A brother was also intemperate, and died a drunkard. A sister and a grandmother exhibited at an early age a similar failing, drinking to insanity at times, and died prematurely in consequence of drink. All the sons of her sisters died young in consequence of indulgence in drink. Of the remaining ancestry of this alcohol-tainted organism, one uncle was, from early youth, addicted to alcoholic indulgence, his thirst for drink becoming finally insatiable, and killing him by delirium tremens in early manhood, after previous attacks of acute alcoholic insanity. Another uncle was also addicted, from the age of fourteen, to the use of alcohol to inebriety, and final melancholia and insanity with delusions of dread and suspicion. The sister of these

two men was herself the victim of the hereditary failing, and the mother of the supposed young man we are considering. The boy's father, too, was in early life, before the boy's birth, an intemperate man, and the boy himself was from early puberty intemperate, unstable and choreic, and had suffered in childhood from a violent physical shock to his nervous system, caused by a fall and bruising of the testicles. This young man, when under the influence of liquor, was a markedly changed man, and when the time of one of his periodically recurring sprees would come round, he was likewise very different from his natural self, being moody, listless, drowsy and melancholy, and after indulging in his inordinate craving and unnatural appetite, he would become exhilarated, reckless of danger, excessively cheerful at times, and extremely violent towards, and suspicious of his best friend, filled with morbid fears and dreads and suspicions. When sober he was nervous, restless and unhappy, and whenever he got a taste of liquor he would invariably drink to excess—drinking to exhaustion, prostration and illness in consequence of his excesses. Suppose for five or ten years the life of such a person was almost one continual succession of sprees—suppose such a man after such a life, and at the close of a several weeks' prolonged spree, takes the life of his best friend by strangling him to death while struggling to get money from this friend who had refused to give it; and with the aid of an accomplice takes money, jewelry and other valuables from his person, pawns some of the things for liquor, making no attempt to escape, and not appearing to remember or realize the enormity of the crime committed, remains in the neighborhood of the murder intoxicated until arrested, remembering the fact of the robbery, but not believing the party robbed and maltreated was dead or seriously injured. This is a common kind of inebriate crime.

1st. Assuming the above hypothetical case to be true, what would be your judgment as to the existence or non-existence of hereditary alcoholic

degeneracy and impairment of the brain, and the existence or non-existence of dipsomania, or involuntary and irresistible impulse to drink alcoholic liquors to excess, in the case of the supposed youth, and degree of responsibility from drink?

2d. What was the mental condition of the supposed person when he committed this unlawful deed?

3d. What is the effect on the mind and on the will of such an inherited taint, united with the state of chronic alcoholism, as in the case of such a supposed youth?

Such, with more or less completeness of specific detail, is the character of the hypothetical case and interrogatories of late years propounded in our courts to the expert in psychiatry, for the neuropathic entailments of chronic ancestral alcoholism. Thanks to an enlightened judiciary in some of the American States, aided by the wise and judicious efforts of our medico-legal societies, inebriety has become a recognized extenuation and often complete and just excuse for crime perpetrated under its potent and often resistless morbid influence, and the following or something like them, are still the customary interrogatories propounded *pro forma*, by the counsel for the State.

1st. Is it your opinion that such a supposed person was unable to distinguish between right and wrong?

Or, perchance, the more enlightened and just interrogatory like the following is offered by the State and permitted by the court:

"Will you say that a person so affected could not tell that an act which he committed was wrong; or if conscious that it was wrong—is it your opinion that he was incapable of resisting the impulse to commit it by reason of disease hereditarily entailed or acquired through no design of his own?"

It were fortunate for the unfortunate victim of the faulty and imperiously unstable neuropathic heritage of long-continued or hereditarily transmitted alcoholic indulgence, if a wise, humane and considerate counsel and court secure such just instructions in such clear con-

formity with the facts of clinical observation and experience as the last interrogatory would warrant; for inebriety either in its periodic or continuous forms is a disease, as much so as the recognized and acknowledged phases of insanity, epilepsy, idiocy and imbecility it both directly and indirectly engenders; and while in considering it in its medico-legal relations, we have also to consider the accompanying factor of a once normal volition. We have in the inebriate a mind and will always more or less modified, perverted, deranged by disease. Alcohol being itself a directly toxic agent in its influence on the brain and allied nervous system as well as potently poisonous to the blood itself in any considerable quantity, and especially so, as all experience proves, when long continued, in excess, in either the individual or his ancestors.

It is, indeed, a strange phenomenon of the human mind in its forensic relations that an agent which the world recognizes and acknowledges as the parent of pauperism, insanity and crime, and the chief direct or indirect populator of penal, eleemosynary and correctional institutions, and the proven cause of so much disease, misery and death, should be exempted from responsibility to such an extent as it is before our judicial tribunals, when the hapless and often hopeless and helpless victims of its vicious power are arraigned to answer for crime committed through its influence over their involuntarily enslaved organisms—organisms often pre-natally predestined to pathological perversion, as most of the unfortunate inmates of asylums for the insane are organically predetermined to an aberrant course of life conduct, through the alcoholic excesses or other neuropathic disorders of ancestors, or through a precocious drink-craving, however engendered, whether ancestrally or self-acquired, and prematurely and excessively indulged, to the harm of the delicate machinery of the brain.

The force of physiological habit is recognized in all of our dealings with men. Why, then, should courts ignore the power of that neuropathic thralldom which alcohol undoubtedly engenders

in certain individuals, to their harm and the harm of the world about them, enchaining, enslaving and perverting conduct until the unfortunate slave of its vicious sway is no more in harmony with his natural self, unperverted by this disease, than the lawfully and justly consigned inmate of a lunatic asylum is?

The dipsomaniac is as surely perverted and deranged in his brain and connected nervous system as any other lunatic, and the confirmed inebriate claims our sympathy and succor and the kindly consideration of the law, because he is the victim of disease. It is for humanity and law to decide in each individual instance, however, how far on the one hand inebriety should extenuate crime and to what extent on the other it should punish the volition that may have engendered the disease. It is a plain proposition, which admits of no doubtful interpretation, that acute alcoholism voluntarily and premeditatively induced, or even voluntarily yielded to, for the purpose of committing or shielding from crime, is as culpable as any other criminal intent; while on the other hand a diseased propensity to drink, indulged in in obedience to the promptings of a resistless organic aptitude handed down from father to son, or transmitted through the womb of an alcoholized or otherwise neuropathic mother, should receive a different consideration; just as any other neuropathic heritage causing psychopathic perversion extenuates even the most heinous of crimes in the eye of the law and in the judgment of courts.

ATROPINE AS AN ANTIDOTE TO CYANIDE OF POTASSIUM.

A case is reported in the *Deutsche Medicinal-Zeitung* of a man who swallowed with suicidal intent a quantity of cyanide of potassium together with a solution of atropine. He was taken to the hospital, but received no special treatment, and was perfectly well the following day.—*Med. Record*.

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Society Reports.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of September 30, 1890.

Vice-President W. L. MUSSEY, M.D.,
in the Chair.

L. S. COLTER, M.D., Secretary.

Recent Methods of Operating for Stone in the Bladder.

DR. LEONARD FREEMAN: The *lateral* operation formerly was almost universally used; now it has been almost entirely dropped. Ultzman says it is only to be used where a stone projects into the urethra and sticks there, so that it cannot be dislodged. Amongst the German surgeons the lateral operation has almost fallen into disuse. The reasons for discarding it are: (1) The danger of hemorrhage at the time of the operation and following it, due to the cutting of the different structures of the perineum; (2) the liability to infiltration of urine around the prostate; (3) the incontinence of urine resulting; (4) liability of cutting the ejaculatory duct and thus rendering the testicle on that side useless; (5) cutting the prostate gland is not without risk; (6) the operation is very difficult in case of a very large stone.

The high operation is the universal favorite with the Germans.

Ultzman says that litholapaxy is to be used where the stone is small and hard or small and soft, and again where the stone is large and soft. A large hard stone should not be crushed. He says a stricture of the urethra is not a contra-indication for litholapaxy, for the stricture can be first dilated. Nor is a purulent catarrh of the bladder, as the bladder can be washed out thoroughly. A stone should never be crushed where the bladder will not contain over four ounces of fluid, nor should it be crushed in patients under sixteen years of age. He also says that a person not familiar with the lithotrite had better cut.

The *median* operation should only be performed where at the same time there is a stricture of the urethra. Koenig places more stress upon the median perineal operation, but says it should only be made for small stones. All authorities seem to agree that the high operation is the one to be performed, and always in children. By it all parts of the bladder can be easily seen and explored, and all of the stone removed. Of course, it has some dangers, *e.g.*, infiltration of urine and perforation of the peritoneum. The latter may, to an extent, be avoided.

Langenbuch makes a sub-pubic operation. It cannot be performed in children. Only medium-sized stones can be removed.

Volkman makes it a good plan to begin with the median perineal operation and then, if necessary, to go to the high operation. The disadvantage of this is the increased danger of cutting the peritoneum on account of an empty bladder resulting from the median operation.

Recently Rydygier has made an operation by first opening the peritoneal cavity and then the bladder. He claims that he can thus get at tumors that he could not reach in any other way, and can even excise portions of the bladder.

The operation most selected by the majority of German, French and English surgeons is the high operation.

DR. OLIVER: There is one point that has not been taken into consideration by Dr. Freeman, and that is that stones are very uncommon in Germany. In the large hospital in Munich they only had two or three cases in the course of a year. Possibly, for this reason, the Germans may not be very good authority on this subject.

DR. DANDRIDGE: I have been extremely interested in Dr. Freeman's discussion. It is not impossible that there is a national bias among the Germans for the high operation, owing to the fact that it was devised by a German surgeon and then afterwards taken up by the French and English.

After years of experience had shown the lateral operation to be the most successful of operations, it is suddenly

discovered to be very dangerous. I think these conclusions are arrived at more from an anatomical standpoint than from practical experience. There are certainly reasons why the median operation in many cases is much preferable. I do not believe the lateral operation is doomed to the oblivion the German surgeons think.

I recently made a lateral lithotomy in a child. In that case I did have hemorrhage occurring on the seventh or eighth day, and which persisted for some time, so that I thought I might have overlooked some papillomatous growth in the bladder. I don't think that serious hemorrhage is very often met in lateral lithotomy. In one hundred consecutive cases in Guy's Hospital there were no deaths.

The crushing operation does not seem to gain favor with the Germans. I do not know why, but possibly owing to their excellent results in cutting operations since the introduction of antiseptic methods. I think the crushing operation is much preferable in all cases where it can be performed. After it men can often be up in a few days, sometimes as early as the third day. I do not think the German tendency to ignore the crushing operation is in the right direction. The English and French are in advance of the Germans on this subject.

This whole subject is full of interest, and is not likely to be settled for some years to come. All these methods are being extended, and all are capable of dealing with a large number of stones successfully. In the face of the experience of the British surgeons in India, where stone in the bladder is quite common, I do not think that the exclusion of children under sixteen years of age from the crushing operation will hold, for there the crushing has been successfully done on very small children—in fact, as young as three years of age. My own feeling is to always approach all cases of stone in adults with regard to the crushing operation. The perineal operation is indicated in all cases where there is a necessity for drainage of the bladder. I have had no experience with the supra-pubic opera-

tion. I do not think the statistics are very reliable, as there are many isolated cases not reported to the profession where the operation has been disastrous.

At the meeting of the American Medical Association held at Newport, the experience of the surgeons present when the subject was being discussed was that cases of stone in the bladder should each be studied individually as to which operation should be performed in the particular case.

DR. B. M. RICKETTS: I have made the median and lateral operations, but not the supra-pubic. I think there is much to be considered in the after-treatment of these cases. High operation gives us more control of the interior of the bladder for investigation, etc. In a proper case I might make the supra-pubic operation.

DR. HALL: One or two points mentioned in the discussion ought not to go unquestioned. It was said that some of the German surgeons advise the supra-pubic operation in women. The case should be an unusual one to suggest such an operation. Unless it be a very large stone it could much easier be removed by an incision through the vagina. The other point is in regard to opening the peritoneal cavity and then the bladder. To make this an operation of selection, I should think, would be to add unnecessary risk. I cannot see the necessity for such an operation.

DR. FREEMAN: I perfectly agree with Dr. Hall in regard to this operation of opening the peritoneal cavity, and I also agree with him in regard to the supra-pubic operation in women. I think there is great difficulty in selecting the proper operation to make in each particular case.

DR. C. E. CALDWELL reported a case of

Forcible Straightening of Angular Ankylosis of the Knee Joint.

The case which I report this evening is presented not because of any unusual interest attaching to it, but rather with the idea of provoking discussion upon a very interesting topic. Emma N., aged eight years, was brought

to the surgical clinic of the Miami Medical College, having a condition of ankylosis of the left knee joint at an angle of about 100°. She wore a correction apparatus consisting of two leather bracelets, one fastened about the thigh and the other around the ankle, united behind by means of an iron bar, which could be gradually lengthened by a screw and key arrangement. The apparatus had been worn for nearly a year, and was entirely inefficient. As the parents were very poor and were unable to provide a proper extension apparatus, and as they lived at such a distance from the College as to make it impossible for me to see the case regularly for any length of time, I decided to practice immediate forcible extension under the influence of an anæsthetic. The chief danger to be avoided is the liability of rupture of the popliteal artery, which danger may be avoided by flexing the leg forcibly before practicing extension. Another possibility is the liability of separation of the epiphysis of the femur. This latter accident would be remedied by the rest and extension after correction. I therefore, with the assistance of Mr. Twitchell, broke up the adhesions, under an anæsthetic, on the 23d day of March, 1890, the fibrous adhesions giving way with very perceptible snaps. The leg was then extended. I omitted to say that the tibia was subluxated backward, without perceptible external rotation. A long posterior splint was applied and enveloped in plaster-of-paris bandage. This I left on for a period of six weeks, when it was replaced by a light roller plaster-of-paris bandage, and the child allowed to go about on crutches. I instructed the parents to bring the child to the clinic in a month, which they failed to do. I went out to the house on the 21st of September, and found the child going about the house with no more of a limp than would be natural with a stiff knee, without the use of either cane or crutch. There is a very slight degree of movement in the joint, which I would rather not see.

Not having seen this case in its acute stage, which was undoubtedly a strumous synovitis, I am not able to judge

to what degree the integrity of the joint was affected. I hardly think there had been any ulceration of cartilage, and the periarticular structures may have been the ones most affected. Whether, by careful watching of the case and passive movement of the joint, a limited degree of useful motion might have been obtained or not, I cannot say. I am inclined to think not. While the forcible straightening of the joint was a procedure not always to be recommended, I think the result in this case was a justification of the attempt.

DISCUSSION.

DR. LANGDON: The result in this case speaks well for the treatment. It is always well to bear in mind not only the possible danger to the popliteal vessels, but also that many of these cases are amenable to quite simple measures to restore good use to the limb. In the case of a boy in which I kept the elbow by splints in one position for two weeks, there was firm fibrous ankylosis. Under massage treatment he obtained good movement again. A more serious case occurred in a lady, thirty-five years of age. She had been kept in bed four or five months after an attack of rheumatism. Quite firm fibrous ankylosis resulted. Hot bathing and massage effected an improvement in two weeks which was very marked. The case is as well now as could have been hoped for under forcible breaking up of adhesions. I would like to ask the proper mode of treatment for strumous synovitis where the patient has recovered and is in good health but with a stiff joint. Should the joint be broken up or left stiff?

DR. DANDRIDGE: In reply to Dr. Langdon's question, I would say that I would be satisfied with the good result already obtained, because the probability of failure is so great.

The danger of forcible straightening is in completing a backward dislocation of the tibia. The results were very satisfactory in Dr. Caldwell's case. My personal experience in straightening a knee joint after ankylosis has been very unsatisfactory. As a general thing, it is not wise to attempt to secure motion.

DR. CALDWELL: The danger of in-

creasing the luxation I did not overlook. In this case it was a subluxation, and the force I used was not sufficient to cause this. I operated in this instance because it was all I could offer in the case from the circumstances of the people. I think there is danger of separating the epiphysis by the too forcible straightening. There is also danger of disseminating the tubercular trouble.

DR. MUSSEY: Koenig, in the latest edition of his work on surgery, says that forcible straightening should be done gradually, as spoken of by Dr. Dandridge. He speaks of splintering of the upper end of the tibia, or fracture of the tibia, or of the femur just above the condyles.

DR. CALDWELL: Dr. Dandridge has referred to another danger incurred in the immediate forcible straightening of these cases where there is backward luxation of the tibia, that of completing the luxation. I do not undervalue the importance of this precaution, and it was an oversight which prevented my mentioning the possibility of this occurrence. I, however, did not lose sight of it in this case. By flexing the leg before extension, and afterwards by bracing the greater weight on the lower end of the femur in extension, I think the chances of completing the luxation are lessened, if not entirely obviated.

In regard to the opinions expressed by some of the gentlemen as to the advisability of trying to restore to an ankylosed limb its mobility, I think the risk of lighting up the old mischief in a tuberculous joint is very great, and the possible dissemination of tuberculous matter is to be considered. As to joints which have become stiff through injuries, rheumatism and other causes, Howard Marsh has cited a large number of cases where complete restoration of motion has followed manipulation and the breaking up of intra-articular adhesions.

As you will notice by referring to the drawings of this limb, the angle of the joint has been increased from one of one hundred degrees to one of one hundred and seventy degrees, virtually a perfectly straight leg.

DR. DANDRIDGE presented a

*Ruptured Femoral Popliteal
Aneurysm.*

[Discussion on this specimen was postponed until next meeting.]

TREPHINING FOR CEREBRAL
HEMORRHAGE.

Dr. Championnière recently reported to the Académie of Médecine a case of trephining for cerebral hemorrhage, together with statistics of thirty such cases, all of which were non-traumatic in their origin. There had been no deaths and no untoward occurrences. The new case was that of a man, fifty-three years of age, who had had an attack of cerebral hemorrhage twenty months before. Right hemiplegia ensued, together with late contracture of the hand and epileptic seizures. The focus of disturbance in the brain was localized at the middle part of the precentral convolution. Cranio-metrical measurements were made, in accordance with the results of which trephining was performed. The remains of an old cerebral hemorrhage were found and removed. Antiseptic precautions were duly observed, and drainage was provided for. Time of operation, one hour and a quarter. The next day the contracture of the hand had ceased, and the hemiplegia showed marked improvement. Speech was more distinct, and the patient also showed greater intelligence. During four months he has had no return of the convulsions, from which, previous to the operation, he had suffered at least as often as once in two weeks.—*Gaillard's Med. Journal.*

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Cincinnati, October 25, 1890.

The Week.

SOUTH-WESTERN OHIO MEDICAL SOCIETY.

The South-Western Ohio Medical Society convened in Cincinnati last week for its semi-annual session.

The President, DR. J. C. REEVE, of Dayton, was promptly on hand with a cordial greeting and handshake with the members as they rapidly put in an appearance. DR. W. H. HALL, the efficient Secretary, was early at his table and engaged in his duties in looking after the registration book and giving receipts for dues. The time for the opening for business found the commodious room tendered by the Burnet House for the occasion, comfortably filled. The President's address was postponed until evening, in order that it might be delivered in Lincoln Club Hall to a larger audience.

DR. J. T. WHITTAKER, on behalf of the local profession delivered an

ADDRESS OF WELCOME.

after which he opened up the proceedings by saying: Two diseases will especially merit discussion on this occasion—

to speak only from the standpoint of internal medicine—one local, the other general, both attended with great mortality, as the most frequently encountered, and both as a result of most recent study entirely preventable, viz., typhoid fever and tuberculosis.

Typhoid fever we know now to arise wholly and exclusively from drinking water contaminated with the feces of typhoid fever patients. We get it plainly in our city from infected river water, and the lesson we are taught every year cries louder than the water famine of a single summer for reformation in this regard. Nature has kindly lifted for us in our immediate vicinity great natural basins for reservoirs on the adjoining hills in Kentucky—above cities, which are in reality but suburbs of our own, across a river which will soon be bridged at every block—and all that is needed are pumping stations higher up the river at sources of more pure supply. From large receiving basins on the Kentucky shore, wherein the water might remain a week or more to settle—the streams may be conducted over a viaduct to our present basins as centers of distribution.

The typhoid bacillus does not live long in fresh water—according to recent observations not longer than a week—and whatever germs of disease are present would gravitate to the bottom in a quiescent lake, to be removed with other refuse when the basin is emptied out and cleaned. The objection of the ward politician, that our sister state might some day be an enemy, is easily met by the preservation of our present works for such a dire emergency.

Tuberculosis we have always with us as a result almost wholly and solely of contamination of the air by dried, disseminated sputum. The specter of heredity has now disappeared entirely from the etiology of this disease, with the observation that the children of tuberculous parents removed from the house to orphan asylums entirely escape the disease. Thus at Nuremberg there has been but one case; at Munich but six cases in thirteen years. Moreover, advanced tuberculosis in parents never produces the disease in the new born,

for the simple reason that the essential elements of a fecundation never show or contain the tubercle bacillus. The disease is not congenital, but contracted or acquired after birth by breathing in an infected air. All that is necessary to prevent the dissemination of this disease is to keep the sputum moist, to use cuspidors and cups half filled with water, to be emptied daily into drains which in turn empty into running streams.

No particulate bodies can possibly arise from moist surfaces. This simple law contains all the essence of prevention in the case of this disease.

The speaker next described the various agents used to limit the growth of the bacillus in the body of man, and made mention of the recent experiments of Koch with the cyanide of gold, and more especially the salts of cobalt, which would prevent the inoculation of the extremely sensitive Guinea pig, or check the advance of the disease in animals inoculated before. Every clinician and every pathologist believed that the time was near at hand when some agent would be found to destroy or more especially to check the growth of the tubercle bacillus in the body without damage to the cells and tissues of the organism.

DR. B. M. RICKETTS read the first paper, on "Surgical Treatment of Epilepsy." The method advocated is by removing a portion of the cranium.

DR. PHILIP ZENNER read a paper on "Sick Headache."

DR. H. N. BROWN, of Hillsboro, read a paper on "Chloroform," stating that it was a safe anæsthetic, but its safety lay in its administration.

At the afternoon session DR. S. P. DEAHOFF, of Pottsdam, read a paper on "Hysterical Paraplegia, or Paralysis of the Lower Limbs, Accompanied by Hysteria, in a Child of Twelve Years."

DR. RUFUS B. HALL read a paper on a "Series of Delayed Operations in Ovariectomy," in which he stated that the operation should be performed early, before the patient's health is broken down and complications arise. An ovarian tumor should be removed as soon as discovered.

DR. C. A. L. REED said the lesson

of the paper was not so important as a few years ago. Too often physicians say: "Do not bother that tumor until it bothers you." The statistics of the European operators are so light as regards mortality, because they operate early.

DR. REED read a paper on "When to Operate in Ectopic Gestation." The only way to operate in extra-uterine pregnancy is by abdominal section. He claimed that Dr. Tait was not carefully read, but misconstrued. Children delivered by abdominal section have lived. If there is tubal pregnancy before rupture urge operation by abdominal section.

DR. ROBERT W. STEWART read a paper on "The Sanitary Aspect of Tuberculosis." Some physicians claim that there is no danger from consumption unless there is heredity or a trace of it. In 1,010 cases the parents were only affected in 24 per cent. of them. In the grandparents, uncles and aunts, brothers and sisters the percentage goes to fifty-nine. The important factor in the disease is the dried expectoration. In twenty-one beds where tuberculosis patients had been, the poison was found on the head-boards, and animals injected with the washings from the beds died. The disease is frequently contracted in the houses where consumptives live, and when the expectoration gets dry then the bacilli escape and spread the disease. He considered it excessively dangerous to sleep in a bed where a consumptive had been. The expectoration should be thrown into a cup and disinfected. He favored a law isolating consumptives, as small-pox patients.

DR. AYRES read a paper on "Sympathetic Ophthalmia."

In the evening the President, DR. S. C. REEVE, delivered to a very large audience, in Lincoln Club Hall, the following address, taking as his subject

CHLOROFORM AND THE HYDERABAD COMMISSION.

Gentlemen: I offer no apologies for occupying your time with some portion of the subject of anæsthetics, even if you are thereby taken again over well-

trodden ground. Apologies might easily be found if needed. The differences of opinion and practice which prevail as to the two great anæsthetics are far greater than ever, and also exist among practical men as to remedies whose action is fully and clearly understood. Whenever this subject is opened, questions of immense practical importance present themselves—questions which, in the present state of our knowledge, are impossible to answer. The limited portion of the subject chosen for to-night not only needs no apology, but it demands attention. The experiments of the Hyderabad Chloroform Commission and the conclusions drawn from them constitute the latest phase in the history of anæsthetics. They demand examination not so much as a contribution to knowledge we already had, but because the results obtained by experiment differ so widely from those of other observers; because the changes of doctrine introduced are wide and sweeping; because the conclusions formulated are stated with a positiveness which challenges scrutiny. When I add that the teachings of this Commission, if accepted, increase the responsibility and add to the anxieties of everyone who administers an anæsthetic; that further, if any reliance is to be placed on clinical experience the teachings are fraught with danger to patients, I know that you will agree with me that they should be submitted to a close and searching examination.

The Hyderabad Chloroform Commissions owed their existence to the liberality of the Nizam of Hyderabad and the enthusiasm of Surgeon-Major Lawrie, a disciple of Syme and a warm supporter of the Edinburgh school. The investigations were made in a country where there are no restrictions upon experiments with animals, and the commissions had, therefore, command of ample material. By the first commission, held in 1888, 141 dogs were killed by chloroform inhalation, the symptoms, and especially the sequence of symptoms, being carefully noted. The chief conclusion reached was that "it is impossible for chloroform vapor to kill dogs by acting pri-

marily on the heart, and this holds good no matter in what doses or in what manner the poisoning 'is induced.'⁽¹⁾ This experience is so diametrically opposite to that of others, it may be said to that of all experimental physiologists, the world over, that it called forth strong comments, especially from the *Lancet*. The criticism led to the formation of a second Commission, and by the liberality of the Nizam, who gave £1,000 for the purpose, Dr. Lauder Brunton was added to the Commission, and went to India and took part in the investigation. By this second commission about 600 animals, mostly dogs, were sacrificed. The mode of death was studied, but attention was principally given to the effect of chloroform inhalation upon the two great functions of respiration and circulation, and especially to determine which ceased first. The result is stated to have been invariable—in every instance the respiration stopped before the heart. This is the briefest possible statement of the work of the Commission, and it is the "practical conclusions" drawn from this work that I now propose to examine. In view of some of the names attached to these reports my effort may be deemed presumptuous. I can only say that the day is past when a name will cause acceptance of a doctrine which is not in accord with facts. We no longer live in the age when men were content to be wrong with Nature that they might be right with Galen.

You will see that of the two modes of study open to us as to the action of medicines—experiment upon animals and clinical observation—the Commission has pursued one and only one. My study of the subject has been, and must be to-night, solely in the other. I am not an experimental physiologist. I am not, therefore, about to occupy your time with details of "tracing" and of "blood-pressure." And inasmuch as the results obtained by the Commission fail to agree with those of other observers, their work must be submitted to other experimenters for reëxamination. This has already been

done, and I refer you with pleasure to the excellent paper by Drs. Wood and Hare for a criticism upon this side of the subject.⁽¹⁾ My object is to compare the results obtained by the Commission with observations made at the bedside, and the conclusions arrived at by them with clinical experience. When experiment upon animals and observation upon man agree in results we are sure—very sure—of our position. When these two modes of study do not agree, however, there can be no hesitation as to which we are to follow. The bedside is the last court of appeal for the physician and surgeon.

Permit a few general observations upon the second Commission before proceeding to particulars.

I. The Commission was organized for a purpose, which purpose was plainly stated. The object was "to show by experiments upon dogs that in death from chloroform the respiration always stops before the heart."⁽²⁾ Without commenting at length upon this, I suggest that delicate instruments of observation, kymographs or what not, will yield no reliable results if that more delicate instrument which directs and observes them, the human brain, be clogged in its action by preconceived opinions. The scientific method is to make the experiments first and the doctrines afterward.

II. The report throughout shows no recognition of the possibility of more than one kind of death under chloroform inhalation. The effort was to discover whether danger to life arises "from failure of the heart or failure of the respiration."⁽³⁾ From one end to the other the tone of the report is that death by the respiratory function necessarily excludes death by the heart. They seem to be looked upon as mutually antagonistic, and there is no

¹ *The Medical News*, February 22, 1890. See also: "Remarks on the Second Report of the Hyderabad Commission, by the Glasgow Committee of the British Medical Association." *British Medical Journal*, June 14, 1890.

² Official report, *Lancet*, January 18, 1890.

³ Lauder Brunton, International Congress, *Lancet*, August 16, 1890.

¹ *Lancet*, February 22, 1890.

recognition of the possibility that death may occur by either channel, or that both functions may cease simultaneously. Nearly twenty-five years ago I made and published a careful study of all the then recorded cases of death under chloroform.⁽¹⁾ That study was made largely in regard to etiology, and when I still held the belief that death was almost always the result of faulty administration. I learned then that the symptoms in the fatal cases varied widely, and that there was more than one path to the lethal end. That death may occur from long continuance of the inhalation—an over-administration of chloroform—is certainly possible, but it could only be brought about in this way by gross carelessness or inattention, and it is doubtful if the record of any clearly-marked cases of this kind can be found. The following forms of death are, however, to be plainly distinguished in looking over the reports of fatal cases:

a. Sudden death during the stage of struggling or excitement, in which it is difficult to say just where the process commences. There is great excitement of the nervous system, tetanic contraction of the muscles of the chest, with suspended respiration followed by very deep inspirations, and sometimes general convulsions. The frequency with which death has occurred at this part of the inhalation marks it as the most dangerous stage of the process.

b. Death by paralysis of the respiratory centre, the heart having been observed to continue beating after respiration had ceased. Ten deaths occurred in this way out of forty carefully observed cases.

c. Death by paralysis of the cardiac centres. The pulse fails, the divided vessels suddenly stop bleeding, the heart ceases to act, while respiration has been observed to continue for a time.

d. Death by simultaneous cessation of respiration and heart-action.

Of the modes of death, that in which the symptoms on the part of the

circulation preceded or predominated was so frequently observed that the doctrine became current that death under chloroform was always cardiac death.

III. The exceedingly small number of observations upon which the very positive doctrines and important conclusions of the Commission are based. Not many more than one thousand experiments were made, and because a certain event did not happen in that number of experiments, it is claimed that it never happens. The weakness of this point is recognized and acknowledged by Dr. Brunton himself.⁽¹⁾ Had the experiments been ten thousand instead of one, the argument would still be weak. There were 28,000 administrations of chloroform in one corps of the Confederate army without a death. The distinguished surgeon, Hunter McGuire, had 15,000 administrations, and then a death. *Per contra*, an English hospital had one death in 200 administrations. But here, as everywhere, the tendency is to draw conclusions solely from personal experience. Whenever the subject of anæsthetics comes up in a medical society someone is sure to arise with the oft-repeated formula: "This is my plan; I never had an accident; follow this plan, which is safe beyond a doubt." The "plan" is, usually, a glass of whisky before the administration. There can be easily adduced from clinical records more than a dozen cases in which sudden death took place when an alcoholic stimulant had preceded the administration. There are several cases of death under ether when the same had been given. The personal experience of Surgeon Lawrie is certainly marvelous, and he may well argue from it. He tells us that for fifteen years he has administered chloroform from five to ten times daily.⁽¹⁾ Taking the mean, this would give over 40,000 administrations, a number which surpasses that of many army statistics and is more than half the number of inhalations during our war. That his good fortune in

¹ *American Journal of the American Sciences*, October, 1867.

¹ International Congress, *Lancet*, August 16, 1890.

² *Lancet*, January 18, 1890.

having this number of cases without a death was due alone to one point, as he claims," watching the respiration," we cannot accept. There was no such single method followed as a safe-guard in the Confederate army.⁽¹⁾ Still, Surgeon Lawrie's experience was with human beings.

IV. The rigid application by the Commission, of occurrences observed in animals, to the human subject. This is the weakest point of all, and immediately called forth a host of protests. Because in dogs death under chloroform always takes place by the respiration it therefore must always do so in man, is weak reasoning. Yet there has been such reasoning all through the history of anæsthetics. Because, in the majority of cases, death occurred thus in animals, was formulated the doctrine, which stood for a long time unquestioned, that in man ether-death is always by the respiration and chloroform-death is always cardiac. Sure of my ground clinically, and fortified by the high authority of Kappeler that "ether-death does not differ materially from chloroform-death," I stated in 1882 that "ether, in the human subject, may cause death as suddenly, as unexpectedly, and in the identical manner that chloroform does."⁽²⁾ An eminent surgeon of Philadelphia questioned the truth of the statement, and in reply I published the clinical proof.⁽³⁾ As this work was mentioned at the late International Congress and the proof accepted by Professor H. C. Wood in his address, it is to be presumed that the fact will be hereafter generally accepted. The truth is evident that the results obtained by experiment on animals cannot be absolutely and univer-

sally applied to man, and it is astonishing that men claiming to be scientists should presume to make such application. It utterly breaks down before such potent facts as, that dogs may be killed by elaterium without being purged; that pigeons bear enormous doses of morphine; and that goats and rabbits eat belladonna with impunity.

I select now some particular doctrines from the "Practical Conclusions" of the Commission, which they present in the most positive manner for the guidance of the profession. Carefully reading over the fifteen paragraphs in which these conclusions are given, it is surprising how many of the conclusions were well known to the profession long before, and which are therefore neither new nor necessary. It did not need a commission to tell us that the recumbent position is necessary for safety—the danger of any other has long been recognized. It certainly was unnecessary to tell us that the respiration should be free and unembarrassed. A tyro in physiology would recognize that in a patient to whom respiration and circulation alone remained of life, any interference with breathing, as by resting on the chest to restrain struggling, or by shutting out the air with an impervious towel, would be highly dangerous. This danger has been recognized and warning was given far back and all along in the history of anæsthetics.

The especial doctrines taught by the Commission, repeated and emphasized, are that in the administration of chloroform the respiration is the only thing to attend to, death always taking place by that channel; that disturbance of this function always and first indicates danger;⁽¹⁾ that by watching the respiration danger can be seen and averted; that "the utmost attention to the respiration is necessary to prevent asphyxia or an overdose. (See II.) The ninth section reads: "The administrator should be guided as to the effect entirely by the respiration. His only object while producing anæsthesia is to see that the

¹ In 1882 (*Holmes' Surgery*, American edition) I suggested that *climate* might explain the differences of experience with anæsthetics. This explanation might apply between the north-eastern and southern parts of our own country, and between England and India. But it entirely fails to apply between Great Britain and continental Europe, *provided*, that we know all the deaths that have occurred under chloroform in France and Germany.

² *Holmes' Surgery*, American edition, vol. III.

³ *Medical News*, January 22, 1887.

¹ *Lancet*, February 15, 1890.

respiration is not interfered with."⁽¹⁾ This doctrine carries with it another: that it is *not* necessary to watch the pulse. This is boldly stated by Surgeon Lawrie: "The pulse is of no value as a sign of approaching danger."⁽²⁾ This is the doctrine of Syme, of Lister, and of the Edinburgh school. In connection with this we are asked to believe two things, if we can: "Pallor and loss of pulse do not indicate that chloroform has any direct effect upon the heart, but that it has been given in such a way as to interfere with the breathing;" and, "If part of the chloroformist's attention is to be directed to the pulse an important element of danger comes into the administration."⁽³⁾ Lauder Brunton reiterates the statement.⁽⁴⁾

The number of competent observers who have testified to the falsity of these doctrines would be enough to settle the question. At the debate in the Medical Society of London which followed Dr. Brunton's address, several bore witness to the frequency of failure of the pulse and heart-action before respiration was affected. Three experienced chloroformists of London hospitals gave in print testimony to the same effect.⁽⁵⁾ Two cases were detailed in which there was positive observation that respiration went on after the heart's action had ceased.⁽⁶⁾

But I will adduce some testimony given to the profession many years ago, and give some clinical facts. The first three cases of death under chloroform all showed signs of sudden cessation of the circulation. Of the fifty fatal cases given by Snow, eighteen took place by cardiac paralysis and in twelve it is distinctly stated by the observers that respiration still continued after the

heart had ceased to beat, or after decided failure of the pulse had awakened alarm.⁽¹⁾ Of twenty-one cases of dangerous symptoms observed by Anstie, in sixteen a change of pulse, with sudden pallor, was most prominently noted, and was the first symptom.⁽²⁾ You have had two well-marked cases of this kind here in Cincinnati under the observation of my friend, Professor Dawson: a sudden cessation of bleeding at the wound first called the operator's attention to the state of the patient.⁽³⁾

Permit me to detail, with the utmost possible brevity, three cases from an observer whose competence, accuracy, and honesty cannot be called in question.

Case I.—Patient was a woman, aged twenty-five years; under no apprehension. The administration was for flexion of a contracted extremity. Pulse was 96, respiration 24. After inhaling chloroform for five minutes, there were muscular contractions, and the pulse rose to 102. In seven minutes there was muscular relaxation; reflex action upon touching the cornea was almost abolished; pulse regular, 96. Administration continued, and at the end of fifteen minutes the radial pulse became suddenly intermittent, and, at the same time, the face became pale. The patient respired at this time peacefully and regularly. The administration was immediately discontinued and the patient recovered.

Case II.—A woman, aged forty years. Chloroform was given for the removal of a tumor from the axilla and she feared the anæsthetic very much. A physician experienced in administration watched the pulse and respiration. Soon after beginning the operation, and without any hemorrhage, the three medical men present observed that the patient's countenance became deathly pale; the one watching the pulse announced its disappearance, and soon afterward respiratory movements were no longer

1 Official report, *Lancet*, January 18, 1890.

2 *Lancet*, June 21, pp. 1390, 1391. It is entirely just to quote Surgeon Lawrie because he was president of the Commission, and his article is essentially an exposition of the official report.

3 *Lancet*, June 21, 1890, p. 1391.

4 *Lancet*, February 15, 1890, p. 350.

5 Dr. Buxton, *Lancet*, February 15, 1890, p. 373; Dr. Hewitt, *Lancet*, March 1, p. 515; Dr. Sheppard, *Lancet*, March 8, p. 598.

6 Dr. Battle, *Lancet*, February 22, p. 434. See also *Lancet*, June 21, 1890, p. 1425.

1 Snow on Chloroform: cases 9, 10, 12, 17, 25, 32, 33, 38, 43, 44, 48, 49.

2 On Stimulants and Narcotics.

3 Transactions of the American Surgical Association, vol. ii, 1884.

visible. Bleeding from the wound had entirely ceased. The mouth was easily opened; there was no falling back of the tongue. This patient was rescued with great difficulty.

Case III.—A woman, aged thirty-four years, with lupus of the face and arm of many years' standing. For this she had undergone seven curettings, each time under the influence of chloroform, and without any unusual symptoms from the anæsthetic. Chloroform was given for still another operation, by means of the Esmarch wire-mask. It is expressly stated that great care was taken not to interfere with the respiration, which, indeed, is quite impossible with this apparatus. Pulse and respiration were watched, and both remained regular and good up to the close of the operation. After the operation, and about two minutes after removing the chloroform, the patient suddenly began to draw the head slowly to the right, the face became corpse-like, the eyes opened widely so that the fully dilated pupils could be seen; almost at the same time the pulse ceased, the respiratory movements became slow and superficial, and, after some seconds, entirely ceased. She was dead.

These observations are by Kappeler⁽¹⁾. In the last case it is probable that the pulse and respiration ceased together, but the testimony is no less clear that the respiration does not always give warning of danger. The fact is, that, in the human subject, death by cardiac paralysis has occurred so much more frequently than that by respiratory paralysis that the doctrine became current that chloroform-death is always cardiac-death. The doctrine is false. Chloroform sometimes paralyzed respiration first, as ether sometimes first affects the heart.

You will have noted the sudden change of countenance observed in these cases; it is, of course, a symptom which cannot be seen in animals. In man it has so often been the first symptom to attract attention that it presents the strongest clinical claims to consideration. In the three cases of danger

which it has been my lot to witness, this symptom was present, and first awakened alarm. Thus does a master-hand draw the picture: "Without warning, generally, also, without disturbance of the respiration, the countenance takes on a waxen hue, as if under the stroke of a magic wand; the lineaments are decomposed, the cornea loses its lustre, and the fully dilated pupils become motionless; the jaw falls. At the same time the radial pulse ceases, and the heart-sounds are imperceptible, or extraordinarily weak; the opened arteries cease bleeding. With cessation of the heart's action, the respiratory movements terminate with cyanosis or dyspnoea, or a few sighing and spasmodic inspirations continue after the heart has ceased to beat."⁽¹⁾

Looking at the clinical side of the subject, there is a striking concurrence of testimony as to the suddenness with which danger appears under chloroform, and as to symptoms on the part of the circulation, preceding all others. In view of its amount and character, it is incomprehensible that the doctrine could ever be held that the respiration always gives warning of danger, and that death comes always by that function. The cases giving evidence upon these points are so numerous that there would not be time to detail them to-night. But, in view of the evidence adduced, and of a few well-marked cases detailed, how does the statement of the Commission appear, that "the fear of chloroform paralyzing the heart is based on the results of laboratory experiments rather than on clinical experience?"⁽²⁾

The second doctrine of the Commission which demands consideration is that death under chloroform is always from an over-dose. The official report warns against danger from an "over-dose." Surgeon Lawrie says the experiments have *proved* that "death from chloroform is always due to an over-dose."⁽³⁾ What is an over-dose of chloroform? Evidently, when the pa-

¹ Kappeler.

² Official Report, *Lancet*, January 18, 1890, p. 151.

³ *Lancet*, June 21, 1890, p. 1390.

¹ *Anæsthetica*, Stuttgart, 1880.

tient inspires air carrying more than a certain small amount of chloroform vapor. Sudden death frequently occurs in animals breathing a supercharged atmosphere, and in man it has often followed a single deep inspiration. The necessity of care to avoid this danger is plainly stated by the Commission.⁽¹⁾ But this is not new. The danger of charging air with more than a small percentage of chloroform has long been recognized. It was taught by Snow, who believed that safety would be assured if the amount of vapor was kept down to four or five per cent. This doctrine underlies and sustains the use of all inhalers—instruments which mechanically prevent the presence of more than a certain amount of vapor. But it has not stood the test of clinical experience; death has occurred with all sorts of inhalers, even in the hands of the inventors who had vaunted their efficiency.

There is another way in which a patient may get an over-dose of chloroform, namely, when the administration is continued beyond the limits necessary for the surgeon's action and until respiration and cardiac action cease. It is a form of death difficult, if not impossible, to find in clinical records. And surely it is not necessary to warn against a danger so evident as this, which could only be caused by gross maladministration. Yet, this the Commission does. "The anæsthetic should never, under any circumstances, be pushed till the respiration stops."⁽²⁾ Surgeon Lawrie says that there is not the least danger if the inhalation "is stopped directly the state of the cornea shows that the patient is 'under.'" This he repeats in italics; and again italicizes from Syme, as an infallible rule for the safe administration of chloroform, that "*we never continue beyond the point when the patient is fully under the influence of the anæsthetic.*"⁽³⁾ Now, let us throw upon this doctrine the electric light of clinical experience. About fifty per cent. of the deaths under chloroform have taken place before the stage of complete anæ-

thesia has been reached!⁽¹⁾ Some of them have occurred at the very beginning of the administration, after an inhalation of only a few seconds. Within so short a space of time as that, death occurred in four of Snow's fifty cases, and in five more it took place within a minute. Need I adduce any more evidence that cessation of administration when the cornea is rendered insensible will not obviate danger? And how do these early and sudden deaths bear upon the preceding doctrine that death is always by the respiration? Can death within a minute be caused in the human subject by any interference with respiration?

The last and most important doctrine of the Commission is that there is "no doubt whatever that, if the above rules be followed, chloroform may be given in any case requiring an operation with perfect ease and absolute safety." The only new rules laid down, it will have been observed, are the one positive, that the respiration alone should be watched, and the one negative, that the pulse should not be watched. The inference from this position of the Commission is that all deaths have been the result of bad administration. Surgeon Lawrie does not avoid the issue. There is never the least danger, he says, "when the chloroform is properly administered;"⁽²⁾ and he describes a death as caused by the administrator, which bears no likeness whatever to what is seen in life, and is in strong contrast to the graphic picture drawn by Kappeler. It is against this doctrine and its corollary, so untenable in the light of clinical experience, so dangerous to patients, so momentous in their being upon the conscience and the material interests of the profession, that I most solemnly and earnestly protest. It is but just that when a man loses a patient under an anæsthetic, he should be required to show that due care was observed and all precautions taken; but to hold that the death is *prima facie* evidence of want of skill or carelessness is a mon-

1 Sec. V., Official Report.

2 Sec. VII., Official Report.

3 *Lancet*, June 21, 1890, p. 1391.

1 Sansom: Chloroform, 1865, p. 65. *American Journal of Medical Sciences*, May, 1890, p. 506.

2 *Lancet*, June 21, 1890, p. 1390.

strous doctrine. See where it carries us—to the unavoidable conclusion that many of the best surgeons of the world have caused deaths which might have been avoided; and that men who led in the study of this subject, who have devoted their lives to it, did not know how to administer the remedy properly. Simpson, and Snow, and Clover, and Kappeler, all had deaths—therefore, they violated the rules of safe administration.

I protest, in the interest of patients, against the doctrine that chloroform can be administered with absolute safety. If this procedure is to be looked upon as no more dangerous than giving a drink of whisky and water, as has already been claimed, there will be a more frequent recourse to it, and lives will be sacrificed in consequence. The doctrine cannot be accepted without ignoring a vast amount of evidence, both experimental and clinical—evidence which outweighs all theories and all doctrines, no matter whose names may be appended to them. And, beside the few cases detailed to you to-night, even if there were no more, how does the statement appear, that “the fear of chloroform has arisen not from clinical observation, but from the results of experiments upon animals having been wrongly interpreted.”⁽¹⁾

No theory in science deserves a moment's consideration which does not cover all the facts. Now, the Hyderabad Commission has formulated in the most positive terms a theory of death under chloroform without any consideration of a most important class of cases—cases, which, with our present knowledge, defy explanation, yet without a consideration of them no study of death under anesthetics can be complete. I allude to those in which the dangerous symptoms came on some time after the inhalation had ceased. Every administrator of chloroform should bear in mind the “residual air” of the lungs, which is to the tidal air as more than five to one. Of course, this residual air being charged with chloroform, the effects of

the anæsthetic will deepen after the tidal air has ceased to carry more vapor into the lungs. But in the cases referred to, danger set in at a period too remote to be accounted for in this way—several minutes after the administration had ceased, breathing having continued long enough to change the air in the lungs several times. In Kappeler's case, given above, two minutes had elapsed. In case fifty of Snow's collection, the surgeons washed their hands, returned to the bed, and, seeing that the patient was all right, left the ward, to which they were hastily recalled to see the patient die. So important is the bearing of these cases upon the doctrines considered to-night that I will give a brief report of three of them.

Case I.—Adult male. Operation under chloroform for fistula in ano, Cincinnati Commercial Hospital, Dr. Thomas Wood, operator. After the operation the patient aroused sufficiently to answer one or two interrogations. The order had been given to remove him from the amphitheatre, when he was seen to gasp, and death rapidly followed in spite of artificial respiration. At least three minutes elapsed from the time the administration ceased until dangerous symptoms set in.⁽¹⁾

Case II.—Another Cincinnati case, on the testimony of a medical man present at the operation. Young adult male. Operation under ether for extirpation of eyeball. The operation was completed and the patient in good condition. The surgeons were engaged in examining the specimen when suddenly their attention was attracted to the man and he was found to be in a most dangerous condition, and was rescued only by vigorous measures.

Case III.—I administered the A. C. E. mixture to a middle-aged man, upon whom my colleagues of St. Elizabeth's Hospital performed an operation on the bones of the leg. The operation had continued some time; all was going on well with the patient. I closely observed the pulse and respiration. So long a time had elapsed since I had held the sponge over the mouth and nose

¹ Official Report, *Lancet*, January 18, 1890; and Lauder Brunton, International Congress, *Lancet*, August 16, 1890.

¹ Cincinnati *Lancet* and *Observer*, 1871.

that it needed replenishing. The "sister," who held the bottle for me, had gone away and placed it on the dresser several paces away. I walked to it deliberately, added the anæsthetic to the sponge, and returned, but was horrified to see the aspect of death on the man's face. No respiration was visible; no pulse to be felt. Quicker than can be told, his head was lowered, the tongue pulled out, and the best attempts possible were made at artificial respiration. After a time, which seemed an age, and when there seemed no more ground for hope, he drew a breath, and then slowly recovered.⁽¹⁾

I have selected these cases from among others of the same kind, because they occurred here close to you; because they concern three different anæsthetics, and because of their great importance. The Commission would doubtless say, in regard to my case, that my attention was withdrawn; that had I been "watching the respiration" the dangerous symptoms would not have occurred. But, before leaving the side of the table, I had ceased administering the anæsthetic for more than two minutes. And this important class of cases receives no consideration from the Commission. They merely allude to them as those "in which dangerous failure of the heart is said to have occurred some minutes after the administration of chloroform had ceased."⁽²⁾ This is thrusting facts aside without examining them. What bearing do these cases have upon the doctrine of the Commission that there is no danger in the administration of chloroform if only the respiration be kept free and unobstructed? Can such a doctrine exist in view of these cases?

There is a doctrine, however, with which these cases harmonize. It is one that I presented several years ago, which further study has not caused me to abandon. That doctrine is, that all anæsthetics are uncertain and irregular

in the manifestation of their effects, and chloroform more so than any other.⁽¹⁾

A careful study of the whole subject shows that death cannot always be foreseen or averted. It has taken place in the hands of the most experienced administrators, in institutions where every precaution was taken and every means of rescue at hand. It has occurred with inhalers and without, to patients of all ages and when in the best possible health. Disaster has come when the anæsthetic was given for the most trivial operations, before surgical proceedings have commenced, during their progress, after their completion, and after the inhalation had ceased. A like sudden and unexpected death has been of frequent occurrence in animals, according to all experimenters, except the Hyderabad Commission.

In view of all this clinical and experimental evidence, and of the concurrent testimony of the best authorities of the world,⁽¹⁾ can we accept the doctrine that chloroform is a safe remedy? I disclaim any partisan feeling in the matter. If any man, after making a careful study of the clinical evidence, and in view of the disadvantages of ether, and of the fact that it, too, has its death-roll, shall elect chloroform as an anæsthetic, I have no denunciations for him. But for myself, such a study convinced me that it is uncertain in its action and more dangerous than other agents at command. Nothing in professional life ever caused me so much pain as the forced abandonment of this anæsthetic. And now I believe that if the doctrine of the Commission prevails, and if there be in consequence a more general resort to chloroform there will be disaster as the consequence.

I would devote some attention to the logic of the Commission's report, but lack of time will not permit. For the same reason I cannot enter upon some points of great practical interest. I should especially like to compare the results of the Commission with those obtained by Professor H. C. Wood, and with recorded clinical observations,

¹ It may be of interest to state that a few weeks afterward I again administered the A. C. E. mixture to this patient. I had no hesitation in doing so after a hypodermic injection of morphine and atropine, and there was no trouble.

² Official report, *LANCET*, January 18, 1890.

¹ Holmes's Surgery, American edition, 1882, vol. iii. p. 542.

² Ibid.

and to show that in regard to shock under chloroform, experiment upon animals and bedside experience do not agree.

I ought, perhaps, to dwell upon the assumption of the Commission that watching the respiration and resorting to means for its continuance, will always carry the patient safely over the danger.⁽¹⁾ I am saved the trouble by adducing a single case, published in the same number of the same journal with one of the reports of the Commission. The patient, a woman aged twenty-four years, had taken chloroform several times; was in good health; and had no fear of the operation or the anæsthetic. The administrator had given chloroform about 700 times; Skinner's inhaler was used with twenty drops of the anæsthetic. Immediately upon adding a fresh supply of chloroform the patient suddenly stopped breathing. The tongue was drawn out and artificial respiration by Sylvester's method instituted and continued for half an hour. It was in vain; she was dead. An autopsy showed that all the organs were healthy, and gave evidence that the heart continued to act after breathing ceased.⁽²⁾ Here, then, side by side with the report of the Commission, is a case of death by the respiratory function, in which measures of rescue were immediately resorted to by experienced men in a hospital, without result. There is sometimes a grim irony in facts.

I will conclude by giving a series of "practical conclusions," derived from studies of the subject by experiment upon animals, which do agree with observations upon the human subject. And I consider it a matter of no slight congratulation that they were presented at the late International Congress by one of our countrymen, Professor H. C. Wood, in his address on "Anæsthesia."⁽³⁾ They have been lately published in nearly all the journals, but they will bear repeating. The closest examination fails to detect any flaw in

them, or to find any point which is not supported and which cannot be substantiated by clinical records:

1. The use of any anæsthetic is attended with an appreciable risk, and no care will prevent an occasional loss of life.

2. Chloroform acts much more promptly and much more powerfully than ether, both upon the respiratory centers and upon the heart.

3. The action of chloroform is much more persistent and permanent than that of ether.

4. Chloroform is capable of causing death either by primarily arresting the respiration, or by primarily stopping the heart, but commonly [sometimes] both respiratory and cardiac functions are abolished at or about the same time.

5. Ether usually acts very much more powerfully upon the respiration than upon the circulation, but occasionally, and especially when the heart is feeble, ether is capable of acting as a cardiac paralyzant, and may produce death at a time when the respirations are fully maintained.

6. Chloroform kills, as near as can be made out, proportionately four or five times as frequently as does ether.

THE SECOND DAY

The attendance was increased by the arrival of more members, so that the room was filled to its capacity.

The first paper on the programme was by DR. F. H. PATTON, of the National Military Home, at Dayton, upon the subject of "Cardiac Disease in Soldiers," in which he showed that an enormously large number of soldiers are affected with this malady in some form or other. The paper elicited discussion from Drs. P. S. Conner, J. C. Culbertson, H. M. Brown and Dan Millikin, all of whom had had extensive experience, either as army surgeons or as U. S. Pension Examiners.

DR. R. T. TRIMBLE, of New Vienna, O., next read a paper on "Some Observations on Obstetric Practice Based Upon Experience."

The afternoon session opened with a paper by DR. A. B. RICHARDSON, of

1 Lauder Brunton. International Congress, *Lancet*, August 16, 1890.

2 *Lancet*, February 22, 1890, p. 416.

3 *The Medical News*, August 9, 1890.

this city, upon the subject of "The Treatment of the Curable Insane" (see page 497).

DR. J. N. BARTHOLOMEW, of Trenton, O., read a paper on the subject of "Cæsarean Section," in which he reported a case in which he had succeeded in saving the life of the mother and child by prompt operation.

A communication was then received announcing the fact that the parlor of the Burnet House, including light, etc., had been tendered gratuitously, for which a vote of thanks was tendered on motion of Dr. Eichberg.

The discussion on "Peritonitis" was next taken up, and owing to the absence of Drs. Campbell and Caldwell, the introduction and pathology was omitted. DR. DAN MILLIKIN, of Hamilton, handled the subject of the "Symptomatology and Differential Diagnosis" in a most clear, concise and interesting manner.

The medical treatment was considered by DR. JOS. EICHBERG, who strongly advocated the use of opium and mercury in this very fatal malady. The surgical aspect was assigned to Dr. T. A. Reamy, but owing to his absence DR. C. A. L. REED was called upon to respond, but he confined his remarks to a criticism of the opium treatment, in which he condemned it in the strongest terms.

OFFICERS FOR NEXT YEAR.

Action was then taken upon the election of officers for the next year, which resulted as follows: President, Dr. Dan Millikin, of Hamilton; First Vice President, Dr. S. P. Deahofe, of Potsdam; Second Vice President, Dr. R. T. Trimble, of New Vienna; Secretary and Treasurer, Dr. W. W. Hall, of Springfield; Corresponding Secretary, Dr. H. M. Brown, of Hillsboro.

Hamilton was chosen as the next place of meeting and the date fixed for April 7.

The sessional work of this society is but one of the indications of the

times that points to a degree of activity on the part of the medical profession that betokens an era of which the present generation of physicians may well be very proud.

Many of the men who were present, and who read papers eliciting the most interesting discussions, were out and out country doctors, and their lights shone very brightly and highly to their credit, in contrast with their brethren of the State's metropolis. The young man, just from the college, that slows up in his studies is gone. The pace is set, and he that would know and be known must be ever ready, with his quiver full of arrows, to meet such men as gather in the medical society meetings of the present day.

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday, October, 27, DR. E. B. LAFEVER will report a case of "Simple Abscess of the Larynx," and DR. MAX THORNER will present cases of "Malignant Disease of the Larynx."

DR. JONATHAN HUTCHINSON recommends for the treatment of epistaxis the plunging of the feet and hands of the patient in water as hot as can be borne. He declares that the most rebellious cases have never resisted this mode of treatment.

ECLAMPSIA OF INFANTS AND CHILDREN.—In eclampsia of infants and children, hysteria, paroxysms of epilepsy and cases of extreme nervous prostration in women dependent upon severe mental strain, Peacock's Bromides is superior to anything that I have ever used.—T. H. VONKLEECK, Philadelphia, Pa.

WE have a few copies of Dr. W. E. Ryan's "Aphorisms in Diseases of the Rectum," \$1.00. This is an excellent work, and worthy a place in any library.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in symptomatic diseases.

HEALTH DEPARTMENT OF
CINCINNATI.Statement of Contagious Diseases
for week ending October 17, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Croup.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....											
2.....											
3.....							1				
4.....							2	1			
5.....								1			
6.....			3								
7.....							1	1			
8.....							1				
9.....											
10.....							2				1
11.....											
12.....										1	
13.....											
14.....							3	1			
15.....							1				1
16.....								1	1		
17.....								1	1		
18.....											
19.....							1	1			
20.....							1	1			
21.....							1				1
22.....							1				1
23.....							1				
24.....											
25.....			1				1	1			
26.....							2				1
27.....											
28.....											
29.....											
30.....							3				
Public Institutions.....											
Totals.....			4				21	8	2	4	5
Last week.....			5				31	8	2	1	5

The following is the mortality report for the week ending October 17, 1890.

Croup.....	1
Cholera Infantum.....	2
Cerebro-Spinal Meningitis.....	1
Diarrhoea.....	2
Dysentery.....	1
Diphtheria.....	8
Entero-Colitis.....	2
Typhoid Fever.....	5
Other Zymotic Diseases.....	0—22
Cancer.....	4

Consumption.....	10
Other Constitutional Diseases.....	6—40
Bronchitis.....	2
Convulsions.....	3
Gastritis.....	3
Heart Disease.....	2
Meningitis.....	4
Pneumonia.....	4
Other Local Diseases.....	21—39
Deaths from Developmental Diseases.....	10
Deaths from Violence.....	6
Deaths from all causes.....	97
Annual rate per 1,000.....	15.52
Deaths under 1 year.....	19
Deaths under 5 years.....	28
Deaths for corresponding week of 1889.....	108
Deaths for corresponding week of 1888.....	100
Deaths for corresponding week of 1887.....	104
J. W. PRENDERGAST, M.D., Health Officer.	

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 67 cities and towns during the week ending October 17, 1890:

Diphtheria: Bloomville, 1 case; Cleveland, 23 cases, 8 deaths; Columbus, 13 cases; Chillicothe, 5 cases, 1 death; Cincinnati, 21 cases, 8 deaths; Dayton, 28 cases, 5 deaths; Defiance, 1 case, 1 death; E. Liverpool, 1 case; E. Palestine, 1 case; Forest, 2 cases; Ironton, 1 case; Madisonville, 1 case; Mansfield, 2 cases; Nelsonville, 2 cases, 1 death; Sandusky, 3 cases, 2 deaths; Tiffin, 2 cases, 2 deaths; Toledo, 8 cases, 1 death; Youngstown, 1 case.

Scarlet Fever: Chillicothe, 3 cases; Cincinnati, 4 cases; Cleveland, 11 cases, 1 death; Clifton, 1 case; Columbus, 4 cases; Defiance, 2 cases; E. Liverpool, 2 cases; Ironton, 2 cases; Mt. Vernon, 2 cases; New Lisbon, 2 cases; Shawnee, 1 death; Springfield, 7 cases, 1 death.

Typhoid Fever: Ashland, 5 cases; Celina, 1 case; Chagrin Falls, 1 case; Chillicothe, 1 case; Cincinnati, 4 cases, 5 deaths; Cleveland, 8 cases, 4 deaths; Clyde, 1 case; Columbus, 4 deaths; Coshocton, 1 case; Conneaut, 1 case; E. Liverpool and E. Palestine, each 1 case; Fostoria and Geneva, each 2 cases; Mansfield, 1 death; Mentor, 2 cases, 1 death; Mt. Vernon, 1 case, Mt. Lisbon, 1 case; Oak Harbor, 2 cases, 1 death; Port Washington, 7 cases; Salem 6 cases; Sandusky and Sidney, each 2 cases; Toledo, 2 deaths; Uhrichsville, 1 death; Wardsworth, 1 case; Wooster, 1 case, 1 death; Youngstown, 3 cases, 2 deaths; Wabash township, 6 cases.

Whooping-Cough: Epidemic at Chagrin Falls; Celina and Coshocton, each 1 case.

Measles: Cleveland and Ironton, each 1 case.

No infectious diseases reported to health officers in 26 towns.

C. O. PROBST, M.D., Secretary.

SUBSCRIPTIONS to the *Lancet-Clinic* may be commenced from any date,

Bibliography.

A COMPEND OF SURGERY: For Students and Physicians.

By ORVILLE HORWITZ, B.S., M.D. Third edition. Illustrated. P. Blakiston, Son & Co., 1889.

Like all compends, it treats of the subject as briefly and concisely as possible. It will never take the place of the larger works on that subject, but for a book of ready reference it ought to find a place on every physician's table.

L. J. K.

THE SCIENCE AND ART OF OBSTETRICS.

By THEOPHILUS PARVIN, M.D., LL.D., Professor of Obstetrics, etc., in the Jefferson Medical College, Philadelphia. Second edition, revised and enlarged. Illustrated with two hundred and thirty-nine wood cuts, and a colored plate. Philadelphia: Lea Brothers & Co. 1890.

It is now nearly four years since we had the genuine pleasure of writing a notice of the first edition of Dr. Parvin's "*Science and Art of Obstetrics*." We had no doubt of its success, notwithstanding the extent of valuable obstetric literature. We are glad to know that our anticipations have been so fully and so promptly realized.

The plan of this edition is exactly that of the first; that is, the whole material is presented under five general divisions: I., the anatomy and physiology; II., pregnancy; III., labor; IV., the puerperal state; V., obstetric operations. But while the general plan is preserved, even to the chapter subdivisions, a comparison with the previous edition shows a wonderful amount of remodeling and fresh matter in every direction. The aim of the author has evidently been only to make such additions as will represent the present state of advancement of obstetrics, science and art.

The work is written in a clear and readable style, and well exhibits the rare culture and scholarship of its distinguished author. A pleasant feature of Dr. Parvin's book is contained in the foot notes: they give the incidental researches growing out of the subject

matter of the text, and to all readers, whether students or practitioners, there will be found a great attraction in this part of the book, a fund of very readable matter not often found so cleverly accumulated, and so pleasantly adapted to the body of the text.

The work is in a carefully condensed shape, and we believe will continue to grow in favor with the profession. s.

Selections.

THE OCCURRENCE OF APOPLEXY IN THE OBESE.

The danger of the occurrence of apoplexy in obese people who are in apparent good health, and who display only very mild heart symptoms, if any, exists constantly because of the rigidity of the cerebral arterioles and the increased blood pressure. In many instances the hemorrhage is due to prolonged cerebral hyperæmia without arterio-sclerosis. Predisposition by heredity also shows itself markedly in the obese, even unto the period of life when it happens, the occurrence corresponding amazingly in time to the period when an apoplectic stroke occurred to a father, a mother, a sister or a brother.

To counteract this disposition, Prof. E. H. Kirsch (*Pract. Arzt.*, 8, 1890) advises the dietetic treatment of obesity according to the rational principles of dietetics, methodical gymnastics, and the systematic use of purgatives that produce profuse watery evacuations from the bowels, which is as important as it is useful. The purgative action counteracts the arterio-sclerosis as well as the cerebral hyperæmia, by removing considerable material which acts as mechanical obstruction to the circulation locally, by inducing violent peristalsis, and by relieving the arterial pressure, inasmuch as it causes a rush of blood to the dilated abdominal blood-vessels.

The mineral-water cure is therefore preëminently indicated for such obese in whom an apoplectic tendency is feared. A course of treatment at any

of the mineral-spring resorts will be most desirable. The patient has ample facility for observing strict regulation of diet, suitable to the respective case, and the example of the other patients renders the execution of the precepts of the physician less difficult.

Kirsch advises the strong Glauber salt cold waters for those plethoric obese in whom the first indications of arterio-sclerosis are detectable, and also those who are disposed to lipomatosis from luxurious living, with tendency to rheumatism, gout, acid diathesis, etc. They are preferable to warm springs, because they are less irritating to the vascular system, and act more positively as tonics to the bowels and stimulants to peristalsis. When arterio-sclerosis is considerably advanced, Kirsch considers the above waters contra-indicated, whilst the warm mineral waters are likewise contra-indicated because they materially increase the arterial pressure.

—*Pittsburgh Med. Review.*

INFECTIOUSNESS OF CROUPOUS PNEUMONIA.

Dr. Nil J. Sokoloff (*Bolnitchnaia Gazeta Botkina*, No. 29, 1890, p. 713) publishes observations on the infectiousness of croupous pneumonia, based on 2,360 cases of the disease. The average mortality was 12 per cent. In 108 cases the pneumonia appeared as a complication of enteric fever, the mortality in this group being 65 per cent. At least seventy-eight out of the 108 typhoid patients developed pneumonia in the hospital, after having been in the society of pneumonia cases for a day or more. Dr. Sokoloff concludes that there can be no doubt that croupous pneumonia is an infectious disease, which in hospitals is transmitted from patient to patient, much in the same way as erysipelas (that is, from neighbor to neighbor, etc.). Typhoid patients have a special tendency to catch the infection, and the mortality amongst those who suffer from this complication is enormous. Every hospital should, therefore, keep special wards for pneumonic cases; and on the appearance of pneumonia in

typhoid patients, they should be at once isolated, and the infected ward thoroughly disinfected. Wards which have been occupied by pneumonic cases should only be used for other patients after the most careful disinfection. On the outbreak of an epidemic of croupous pneumonia, strict sanitary measures should be at once adopted throughout the town.—*Sup. Brit. Med. Journal.*

THE TREATMENT OF TUBERCULOSIS OF THE LARYNX.

Tuberculous disease of the larynx is so distressing a complication of a most distressing malady that every observation upon its treatment is deserving of attention. While this condition does occur as a primary localization—a fact long disputed, but finally settled by the studies of J. Solis-Cohen, published in 1881—it is most frequently associated with pulmonary tuberculosis. The special therapeutic problem to be solved, then, is not so much how to bring about the absolute recovery of the patient—for this is bound up with the larger question of the treatment of internal tuberculosis in general, and pulmonary tuberculosis in particular—but how we may bring about healing of the local lesions, or how may we mitigate the sufferings to which these lesions give rise.

It has long been held by competent authorities that in a certain small proportion of cases tuberculous ulceration of the larynx will heal under measures of cleanliness and antisepsis, such as washing with detergent sprays and the insufflation of iodoform—proper attention, of course, being given to general measures of nutrition. Of the truth of this view we can recall a most remarkable instance, that of a patient who came under our observation in 1883, and is still living, apparently well. This man, a commercial traveller, learned how to insufflate iodoform into his own larynx, and for more than a year practiced this expedient thrice daily while on his journeys.

It must be admitted, however, that the proportion of such cases is small,

and hence, since the discovery of the tubercle bacillus has led to general acquiescence in the theory of the local origin of the morbid processes, renewed efforts have been directed toward discovering feasible methods for radical extirpation of the diseased tissues. Instances from pre-bacillary times were not wanting, in which good results had followed such measures, instituted on the general principles of good surgery. Thus, J. Solis-Cohen, in 1870, excised the epiglottis of a woman with phthisis, on account of limited tuberculous ulceration, and the patient was reported alive and well twelve years later.

The great difficulty in the majority of cases, however, lies in the comparative inaccessibility of the lesions. Tuberculous lymph-glands of the neck, tuberculous joints, and the like, are readily amenable to direct surgical procedures. Manipulations within the larynx are not easy under the most favorable circumstances, and are extremely difficult in the tortured and enfeebled subjects of tuberculous disease. Thyrotomy for better access is not likely to be successful, for the chances are that infection of the wound will prevent healing, and lead to a more rapidly fatal issue. It would be an exceptional, almost unimaginable case, that would justify laryngectomy.

Krause, of Berlin, encouraged by the success of von Mosetig-Moorhof in the use of lactic acid in the treatment of epitheliomata, employed that agent to destroy laryngeal tissues infiltrated with tubercle, and the reports of his good results have encouraged specialists throughout the world to resort to the same procedure.

The larynx being thoroughly cocaineized, ulcerated parts are curetted and harshly rubbed with a sponge or cotton wad, saturated with a solution of lactic acid. The strength of the solution varies from 30 to 40 per cent. at first, to from 50 to 80 per cent. finally, according to the severity of the reaction. Chromic acid, the electric cautery, and superficial electrolysis, according to Voltolini's bipolar method, have also been resorted to.

Krause has likewise vigorously ap-

plied lactic acid without preliminary curetting, to reduce the infiltration of non-ulcerated structures, and he claims excellent results; a claim which has been confirmed by other good observers.

In a communication to the Berlin Congress upon the curability of laryngeal tuberculosis by surgical treatment, Luc (*Archives de Laryngologie*, August, 1890) reviews the various procedures instituted with this object. Many specialists, he says, have not succeeded in obtaining results as brilliant as those reported by Krause, Hering, and others, from curettage and lactic acid, and have, therefore, despairingly fallen back upon purely palliative measures. To illustrate the possibilities of success in radical treatment of accessible lesions, he reports the case of a man, thirty-five years old, affected with tuberculosis of the naso-pharyngeal mucous membrane, in whom Krause's local treatment, combined with superalimentation and other appropriate general measures produced a perfect cure. He also reports a case of limited laryngeal tuberculosis, in which energetic curetting and lactic acid applications had apparently brought about recovery. The patient, however, returned some two months later, after a sojourn in the country, much improved in general health, but with a new local lesion. This latter case, he believes, emphasizes the importance of continuous local treatment; the combination of proper topical applications, with the most approved measures to promote general nutrition, being absolutely necessary in every case.

From a large number of observations the author concludes that the method of Krause is capable of producing good results in well-selected cases; but he deprecates its indiscriminate employment. On account of the pain and distress to which the patient is put, he considers that it is the part of humanity not to resort to this expedient when the condition of the lungs or other organs is such as to render the case absolutely hopeless, or when the laryngeal lesions are so situated that thorough treatment is not possible. On the whole, this is sound advice; though, in certain cases, even with advanced pulmonary lesions,

it may be advisable to perform tracheotomy, and then actively curette, and apply lactic acid to the larynx, in the endeavor to avert the difficulty of nutrition, which arises in late stages from the exquisite pain in swallowing, due to the passage of food over ulcerated surfaces. The truth is, that in no disease is more discretion required of the physician in applying general rules to individual cases.—*Med. News.*

THE ACTION OF COD-LIVER OIL.

Drs. Gautier and Mourgues, in a recent communication to the Academy of Sciences, discuss at some length the reasons why cod-liver oil is superior to other fats as a therapeutical agent, and arrive at the following conclusions:

1. It is more easily assimilated, owing to its containing free fatty acids and some biliary matters which render its emulsion specially easy when it comes in contact with the pancreatic juice.

2. It is rich in phosphates, phosphoric acid, lecithin, and phosphorus in organic combination; the phosphorus, especially in the last-mentioned form, is very readily assimilated to form protoplasm, and thus nutrition is greatly stimulated. The small amounts of bromine and iodine being also present as organic compounds exercise a beneficial influence on the general metabolism.

3. The alkaloids present—butylamine, amylamine, morrhaine—and morrhic acid stimulate the nervous system, increase the amount of sweat and urine, and act as nervine tonics.—*British Med. Journal.*

DECOMPOSITION OF CHLOROFORM IN GASLIGHT.

It has long been known that the administration of chloroform in gaslighted rooms causes decomposition of the chloroform vapor, and that the persons present suffer from irritation of the respiratory passages, with coughing, sneezing, and lachrymation. Professor Kunkel (*Therap. Monatshefte*) introduced chloroform vapor into a glass chamber in which a gas was burning, and

then drew off the products and analyzed them. As a result, he found that the chloroform was chiefly decomposed into hydrochloric and carbonic acids, a small quantity of free chlorine being also present. As one-tenth per 1,000 of hydrochloric acid in air is sufficient to cause severe respiratory irritation, it is evident that this amount can be produced by comparatively little chloroform. Kunkel explains that irritating effects are comparatively infrequent, owing to the moisture in the air absorbing the free hydrochloric acid, and combining with it. Cloths or sheets dipped in a solution of washing soda, and hung up in the operating room, will absorb any hydrochloric acid or chlorine, and thus obviate their unpleasant effects.

—*Sup. Brit. Med. Journal.*

MISCARRIAGE MORE DANGEROUS THAN NATURAL LABOR.

Goodell (*Arch. Gyn. Obstet. and Pæd.*, June, 1890) answers this question as follows: Because the fact of a miscarriage implies something abnormal; because owing to the attachment of the chorial villi over the whole surface of the uterus which obtains in the very early months, portions of the membranes are liable to be retained and give rise to hemorrhage and sepsis; because the cervix not being effaced the small canal is liable to close on the retained fragment. Retention is far more likely to occur in criminal abortion since the gestation is abruptly interfered with before any detachment has taken place.

AND THE LAST SHALL BE FIRST.
—According to the French law (so says the *New York Medical Record*) the last born of twins is said to be the elder of the two. This curious decision was arrived at on the authority of the faculty, who held that the last to be born was the first to be conceived. As seniority no longer confers any privileges in respect of property in France, the matter is not of very great importance, otherwise one might be tempted to call the validity of the opinion in question.—*Med. Press and Circular.*

LIVING BY RULE.

Oliver Wendell Holmes thinks that he owes his good health and the retention of his mental vigor in his eighty-first year to the extreme care he has long taken of himself. Never robust, he was still wiry in his earlier and maturer life; but since he reached eighty, his hygienic vigilance is unceasing. The rooms that he daily occupies are equipped with barometers, thermometers, ærometers, every kind of instruments, in short, to prevent his incurring the slightest risk of taking cold. He knows that pneumonia is the most formidable foe of old age, and he is determined to keep it at a distance, if possible. He never gets up until he knows the exact temperature, during winter, or takes his bath without having the water accurately tested. He lives by rule, and the rule is inflexible. His time is scrupulously divided; so much allotted to reading, so much to writing, so much to exercise, so much to recreation. His meals are studies of prudence and diges-

tion. He understands the specific qualities of all ordinary foods, and never departs from the severest discretion in eating.—*Times and Register*.

It is reported that the United States Marine Hospital Service will recommend the plan of having a systematic examination of all persons intending to immigrate to this country. This examination would be made by physicians attached to the United States consulates. It is to be hoped that some measure may be attempted. It is cheaper to keep out the sick, criminal, and defective classes, including anarchists, than to support them here or send them back.—*Med. Record*.

THE University of Michigan, in Ann Arbor, has opened its current Winter Session with the largest class in its history. This is to the surprise of the officials, as the required course in the medical department is four years instead of three. Everything points to over a hundred gain for this year.

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CINCINNATI LANCET-CLINIC:

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Whole Volume LXIV.

Original Articles.

A SERIES OF DELAYED OPERATIONS FOR THE REMOVAL OF OVARIAN TUMORS.

A Report to the South-Western Ohio Medical Society, October, 1890,

BY

RUFUS B. HALL, M.D.,
CINCINNATI.

Mr. President and Gentlemen:

The great secret of success in ovariectomy is to have the patient submit to the operation early, while the tumor is yet small, and free from adhesions; before the patient's health is broken down from suffering, and complications occur which so frequently exist in large tumors. I am convinced that there are a great many good physicians practicing medicine at this time who honestly believe that a woman suffering from an ovarian tumor should not be subjected to the operation of ovariectomy until the tumor has grown to such a size as to compel her to do so; or serious complications arise. I am convinced of these facts from every day experience. While the men engaged in this special work are a unit in urging early operations in these cases, the profession at large is not. There is still to be found the doubting Thomas, the man who says to his patient wait until the tumor bothers you before you bother it, or some such subterfuge; and who sends these cases to the operator when they can not live any longer as they are.

But if the operation has been postponed until the patients are in extremity, and they and their friends request that it be made, knowing the danger of it, it is then our duty to operate and give

them the only chance, even if it is ever so small. No patient should be refused an operation where there is the slightest possible chance of recovery. The fact, that the justification of any operation is its necessity, and not the numerical recoveries from its performance, makes it none the less galling to the operator to have deaths occur in his practice, which must in all honesty be charged to the consequences of delay. It is not a pleasant task for any one to report his cases which have died after operations. But I believe that there is as much, or more to be learned from a careful study of the report of these cases, as there is from the report of cases which recover, and that they should be just as carefully reported.

For these reasons I will give you a short history of a few *delayed* operations; operations where they could not live any longer as they were. Not that I am ashamed of the mortality, or proud of the percentage of recoveries, but to illustrate the *necessity of early operation*, and at the same time the dangers of delay. You will observe that they are all of that class which are called desperate cases, and are selected for that reason, and if death followed it was not so much a matter of surprise, as the recovery was a gratification.

CASE I.⁽¹⁾

Mrs. K., aged seventy years. For two months preceding the operation she could not lie down, and was compelled to sit half propped up in a reclining chair. The tumor was first noticed two years before my visit. She had been an invalid for twenty years, and now as she rests in a half sitting position, the

¹ Reported in full in Transactions Ohio State Medical Society, 1887.

radial pulse is barely perceptible. It was with many misgivings that I made the operation September 23, 1886. The cyst and contents weighed fifty-nine pounds; it was adherent to the whole abdominal wall. The omentum was so firmly adherent that it was ligated in sections and removed with the tumor. The posterior surface was adherent to several coils of intestine. The bladder was spread out over the front of the cyst like a great fan, and was so firmly adherent that it had to be dissected from it. The hemorrhage was severe, and a great number of vessels were ligated. A drainage tube was placed, the incision closed. Patient recovered.

CASE II.⁽¹⁾

Miss I., aged forty years. The tumor was first observed about one year before the operation. For six months she had suffered from great pain, and lost much flesh. The cyst was tapped in November, 1887, and again the middle of January, 1888. After that date she was tapped by her physician every twelve to eighteen days until the operation was made, April 19, 1888. Extensive adhesions to abdominal wall, in the pelvis, and intestines. Irrigation. Drainage. Tedious recovery.

CASE III.⁽²⁾

Mrs. L., aged fifty years. For more than a year she was known to have an ovarian tumor. For ten months before the operation she was subject to sudden and severe attacks of pain in the abdomen. These attacks varied in frequency, and always left the abdomen sore and tender for several days afterwards. She was advised to submit to an operation at once. That she would not do until July 11, 1888. She was at that time suffering from septic peritonitis of twelve days' duration, caused by a gangrenous cyst, due to a twisted pedicle. She had a rapid and feeble pulse and a high temperature for twelve days preceding the operation. At the operation the cyst wall was found to be quite black in many places. The cavity

was irrigated and drained. Patient died the fourth day from exhaustion, due to the existing septic peritonitis.

The preceding cases, and all of those which appear in this paper in which the name of the attending physician is not given, have been reported in full in various medical journals.

CASE IV.

Miss Z., aged thirty-three years. Was treated by an irregular physician for three weeks, during which time she had a suppurating cyst in her abdomen, with profound septic poisoning. That physician was laboring under the mistaken idea that she was suffering from typhoid fever. Dr. DeWitt, of Cincinnati, saw the case after the family had become thoroughly alarmed, and at once recognized the true condition. I saw the case a few hours later, April 28, 1889. She had a pulse ranging from 130 to 150 per minute, and a temperature fluctuating from 101° to 105°, with a history of daily chills and high temperature with profuse perspiration, for three weeks. She had a cyst in the abdomen about the size of an adult head, tender upon pressure, with marked fluctuation in every portion of it. She had taken but little nourishment during her illness, on account of the nausea and vomiting, which had been constantly present. The patient and friends were plainly told her true condition, and that an operation for the removal of the suppurating cyst was the only hope, and that a forlorn one. They decided not to have an operation made, but four days later they requested it and I operated May 2, 1889. That morning she had a temperature of 104.5°. The cyst proved to be an intra-ligamentous one, which was extremely difficult to enucleate on account of the friability of its wall. The bleeding was profuse and many ligatures were used. There was no pedicle, and after the operation was completed, in examining the specimen it was found that the whole tumor had been enucleated from the broad ligament except an area of two and one-half by three and one-half inches. The cavity was irrigated. The broad liga-

1 LANCET-CLINIC, May 26, 1888.

2 Loc. cit., Dec. 22, 1888.

ment was stitched together, and the cavity drained and closed, after an operation of nearly one hour's duration. The temperature fluctuated just as before the operation. She died of exhaustion three days later.

CASE V. (1)

Mrs. W., aged forty years. She had an obscure abdominal enlargement for two years. Twenty months previous to the operation she had an attack of abdominal inflammation, from which she never regained her usual health. After that date she had three septic attacks of inflammation, the last one in February, 1889, after which she was confined to her bed almost constantly until the operation was made. I saw the case June 19 and urged an immediate operation, which was made June 24, 1889. She was emaciated to an extreme degree, with a morning temperature of 101° , evening 103° . The tumor was a suppurating multilocular cyst weighing twenty-four pounds, with firm and extensive adhesions to abdominal wall, omentum and intestines. Irrigation. Drainage. Recovery.

CASE VI.

Mrs. H., aged forty years. Case of Dr. C. D. Fishburn, of Cincinnati. She had been conscious of an abdominal enlargement for many months, but as it gave her but little inconvenience she did not send for her family physician until December 19, 1889, when he was called to relieve the existing pain in the abdomen. He at once recognized the enlargement as an ovarian tumor, complicated with pregnancy at about the fourth month, and the existence of acute peritonitis, with high temperature, and rapid pulse. She was very ill for the following ten or twelve days, when her condition improved somewhat for a week or so, at which time she commenced to grow worse, and her condition soon became alarming. During her illness I saw her a number of times in consultation with her physician, and the advisability of an operation had been thoroughly discussed. She had taken

but little nourishment during her illness on account of the nausea and vomiting. She was in an extremely critical condition for an operation. At this time Drs. Reed and Ricketts were asked to see her with us, which they did on January 18, and it was decided that an immediate operation was the best course to pursue. This was made January 20, and a tumor about the size of an adult head was removed without difficulty. She did well until the 23rd, when uterine contractions came on and she aborted a few hours later, and died the following day from exhaustion.

CASE VII.

Mrs. R., aged fifty-six years. Patient of Dr. Bohl, of Watertown, Ohio. A tumor in the abdomen was first discovered about two years ago. For the past eight months she had lost considerable flesh. She suffered little from the tumor except from the weight and pressure. She complained most of losing her strength. The tumor filled the whole abdominal cavity. She gave no distinct history of having had inflammation. I saw her first August 28, 1890, and operated September 1, at my "Home." The tumor was a multilocular cyst weighing forty-seven pounds, and firmly adherent to the whole anterior wall of the abdomen. The adhesions were so firm that the abdominal peritoneum was stripped off on both sides over an area as large as my hand. The omentum was so firmly adherent that it was ligated in sections and removed. The intestinal adhesions were firm but not extensive. Irrigation. Drainage. Recovery.

This series of seven cases form an exceedingly interesting group. The operation was not made in any case until the patient could not tolerate her existence any longer, or was doomed to speedy death—not from any fault of the attending physician at the time I first saw the individual cases, but from the patient's own neglect because of the fear of the operation. I have reported this group of cases of *delayed operations* to show that a large per cent. of delayed cases die, and those who do recover are subjected to unnecessary risk, which

they would not have if they were operated upon early. It is a demonstrated fact to-day that delayed operations for ovarian tumor means, that we have feeble patients, grave complications, and a high mortality; while early operations are the reverse. To make my paper short enough so that it can be read in the time allotted me, I will only comment upon the fatal cases.

Case No. III was lost because she and her friends could not be convinced of the necessity of an early operation at the time she commenced to suffer from the attacks of pain in the abdomen. If the operation had been made before the tumor became strangulated, and the case complicated by the existing *septic peritonitis*, there would have been nothing to prevent a prompt recovery.

Case IV was like the preceding one, in that she was *septic* for weeks *before the operation* was made. She was exceedingly feeble, and it was apparent that she had but a few days to live if she could not be relieved. This, and the fact that the tumor grew within the folds of the broad ligament, thus necessitating a long and tedious operation, which the patient was obviously in the poorest possible condition to endure, shows that the ultimate result need not be a surprise.

Case VI shows another phase of complications which occurs not infrequently, that of pregnancy. The patient knew that she had a tumor for many months, but as it gave her no serious inconvenience, she gave it but little thought. When pregnancy supervened she felt quite uneasy regarding her condition, but even then she neglected to call her physician until after the peritonitis has existed for thirty hours. Pregnancy complicating an ovarian tumor is a serious affair at any time, but with peritonitis and the exhaustion following several weeks of inflammation in the abdomen, make the complication more grave still.

The more I see and do of this work, the more I am convinced of the fact that in every case of ovarian tumor, large or small, there are serious complications and dangers to be encountered by deferring the operation. The time

to remove an ovarian tumor is just as soon as it is discovered. *No delay*, in these cases, should be the cry from *every physician in the land*, and such cases as those the subject of this paper would soon be a thing of the past. The laity must be educated upon this subject through the profession at large; and until the profession is alive to the fact that early operations are safe operations, that late operations are dangerous operations, and teach these facts to their patients, and thus persuade them that it is of the utmost importance to their welfare to consent to have the operations made early, while the tumor is yet small, and their general health remains good, the mortality after ovariectomy can not be kept down where it should be.

In ovariectomy, where the operation was made early, I have never lost a case; and in my last thirty-four consecutive pus tube operations, I have had but *one death*, the fourth in the series. To compare this work with that of a mortality of 43 per cent., that of delayed operations, is astounding. What stronger argument could any one present to urge the profession to early operative interference in ovarian tumor, than the cases reported, and the mortality in the two series of operations?

TREATMENT OF PSORIASIS BY ARISTOL.

Dr. Schirren (*Four. of Cut. and Genito-Urin. Dis.*, No. 90), has observed the effects of aristol in ten cases of psoriasis. Aristol is a thymol iodide, which precipitates as a reddish-brown amorphous powder when a solution of iodide of potassium is added to an alkaline solution of thymol. Aristol has been found harmless, without toxic qualities, and is efficacious in psoriasis, though of slower power than other drugs now employed. It is not a specific against all skin diseases, as it has been vaunted to be in the trade, but has a certain worth in some of them, including psoriasis. Eruptions of various forms of psoriasis, and of long or short duration, are caused to disappear under a ten per cent. salve.—*London Med. Recorder.*

CASE OF SYMPATHETIC INFLAMMATION AFTER PANOPHTHALMITIS OF THE INJURED EYE.

A Paper read before the South-Western Ohio Medical Society, October, 1890,

BY

S. C. AYRES, M.D.,
CINCINNATI.

The study of sympathetic ophthalmia, in all its phases, is now, and always will be, one of intense interest to the specialist.

This disease, so insidious in its approach, so persistent in its course, and so fatal in its results, is always to be dreaded. Statistics show that not only punctured and incised wounds and foreign bodies within the globe, but cataract extractions, perforation of the cornea and sclera from idiopathic inflammation not due to traumatism, are now well known to be both the direct and remote cause of sympathetic ophthalmia. It was formerly taught that suppuration of the globe, or panophthalmitis, was a bar to the development of sympathetic trouble in the fellow eye. Attempts were even made to produce suppuration in order to place the sound eye in as safe a condition as possible. But as observations have been more accurate, the fallacy of the above theory has been demonstrated. Statistics from reliable observers are not wanting to show, beyond a doubt, that panophthalmitis of one eye does not prevent the development of sympathetic inflammation in the other. The aggregate of such cases is not great as yet, but observations are slowly accumulating, and the fact as stated in relation to panophthalmitis, is now well established.

In the light of the present day, it is surprising to read in Berry's work, published recently, that "when inflammation, even though produced by micro-organisms, is excessively severe, and results in purulent destruction of the tissues, as in a case of panophthalmitis, the lymph channels become obliterated, and the danger of further transference of organisms averted. The immunity

thus given by panophthalmitis, a clinical fact which has long been observed, is explained without too much stretching of this hypothesis."

Noyes, on the contrary, in his excellent book says that: "panophthalmitis does not preclude the possibility of sympathetic effects."

De Wecker, in his *Ocular Therapeutics*, says: "The destruction of the intra-ocular nerves by suppuration, would offer a perfect guarantee if only there could be any certainty that all the nerves, the termination of the optic included, had disappeared. Although the stumps of eyes which have suppurated may be considered as the least dangerous, they cannot be looked on as above suspicion, and therefore any treatment which should attempt by artificial suppuration to secure an eye from sympathetic inflammation, ought to be condemned as radically bad."

In the *Archives of Ophthalmology* for 1876, Dr. Alt has collected from various sources, 110 cases of sympathetic inflammation. In his conclusions he says it is worth mentioning that in thirteen of the cases where eyes were enucleated for sympathetic irido-choroiditis, the other had been lost by panophthalmitis purulenta.

In the *Royal London Ophthalmic Hospital Reports* for 1887, is an article on "Sympathetic Inflammation of the Eye-ball," by Gunn, in which he reports the results of the examinations of forty-seven cases which were enucleated in that institution. They are carefully classified as to age, cause and character of injury, interval of sympathetic manifestation, the final condition of injured and sympathizing eye, and the effects of treatment. In this valuable and exhaustive article, he states, among his conclusions, that in three cases panophthalmitis preceded the development of sympathetic manifestations. In the first case the injured eye was enucleated, and a few days later sympathetic inflammation developed in the fellow eye. In the other two cases panophthalmitis followed cataract extraction, and in both sympathetic ophthalmitis developed within a few weeks.

In view of the importance of this subject, I have taken the liberty to present a case which has come under my observation, where sympathetic trouble followed panophthalmitis.

Mary Dixon, æt. 8, was injured the last week in December, 1888, in the following manner: She opened a window and a strong wind was blowing, and dust or some other substance struck her left eye, causing slight pain. As she closed the window, a portion of one of the panes broke, and it is not certain whether a fragment of the glass penetrated the eye or not. Two days later she had a chill which was followed by an eruption, and violent inflammation of the eye set in, and she had suppuration of the globe. What this eruption was is not certain, but she has some scars on her forehead which very much resemble varioloid. The eye was quite painful for several days, but slowly subsided, and the eye is now very much shrunken. About four months after this suppuration, the vision of the right eye began to fail. The evidences of this were a slight cloudiness in distant vision, and an inability to recognize things which she could see clearly before. This gradually increased, especially during the month of October, when her vision became very much impaired.

Upon examination the right eye was found in the following condition: The iris was adherent to the lens and presenting an irregular and knotty appearance from masses within the stroma of the iris; the pupil was filled with a dense secondary membrane, and the vision was reduced to counting fingers with difficulty at three feet. There was some tenderness in the ciliary region, and tension was diminished. The stump of the right eye was not sensitive, and there seemed to be no urgent reason for its removal.

The relief of the inflammation was the most important point to be gained, and from my successful use of poultices in such cases, I let her return home with instructions to use poultices regularly every day, and report progress. It was my intention to make an iridectomy, but I wanted to

wait until the eye would be in a suitable condition. An iridectomy made during the active progress of a plastic iridocyclitis is usually negative in results, owing to the fact that the coloboma is soon closed with lymph. She went home with instructions in relation to treatment.

In March I enucleated the stump. It was very much shrunken and collapsed. The right remains as it was, so far as vision is concerned. There is no tenderness in the ciliary region. In all probability the lens will become opaque in time and can be extracted.

BLOODLESS TONSILLOTOMY.

Professor J. TOISON, of Lille (*Rev. de Thér. Méd. Chir.*, October 1, 1890), discusses the various methods of reducing or removing enlarged tonsils. He begins by saying that excision of the tonsils with the bistoury or the guillotine is gradually losing favor among surgeons on account of the risk of hemorrhage. Ignipuncture with the thermo-cautery or the galvano-cautery is often useful, but should be reserved for cases in which the tonsils are only moderately enlarged and can be sufficiently reduced in one or two sittings, and for cases in which some anomaly of shape in the hypertrophied glands makes it difficult to remove them with a cutting instrument. For ordinary cases, Professor Toison uses a new snare of his own invention, which, according to him, effectually obviates all danger of bleeding. The apparatus consists of a *serre-naud*, the metallic loop of which, instead of being free, is fixed by three silk threads to a blunt ring fixed to the distal end of the instrument. The ring is passed over the tonsil, which is then seized with forceps; the wire loop is next pulled home in the usual way, the traction being sufficient to snap the silk threads which fix it temporarily to the ring. The tonsil is thus cut through without bleeding. Professor Toison has performed this operation several times since last April; in no case has there been any hemorrhage. — *Suppl. British Med. Journal.*

EXCISION OF THE KNEE:

THE REPORT OF A CASE, WITH SUBSEQUENT AMPUTATION AND PRESENTATION OF LEG.

A Paper read before the Academy of Medicine, September 29, 1890,

BY

B. MERRILL RICKETTS, PH.B., M.D.,

Visiting Physician for Skin and Cancerous Diseases and Plastic Surgery to German Protestant and Christ's Hospitals, and Consulting Dermatologist to the Woman's Hospital and Medical College.

Mr. President and Gentlemen:

I wish to call your attention for a short time to the surgical treatment of diseases of the knee joint, especially of those most dreaded by both the patient and surgeon in charge, namely, (1) acute synovitis, (2) suppurative synovitis, (3) arthritis, and (4) osteo-arthritis, either one of which may be due to either (1) trauma, (2) rheumatism, (3) gout, (4) gonorrhœa, or (5) tuberculosis. When due to either cause the treatment varies but little, as there are but the three prominent symptoms present, viz., pain, swelling and fever, each varying much in its severity.

Either acute synovitis, suppurative synovitis, arthritis, or osteo-arthritis may result in a condition requiring the removal of the ligaments entire, the ends of the bones or both entering into the formation of this joint.

Until within the last few years diseases of this joint, the most important of the extremities, were allowed to run their course, thus sacrificing time, health, happiness, and many times limb or life, or both. To-day, with the aid of more modern appliances and aseptic technique, more active and radical measures are permitted, and with better results.

That effusion, whether serous or purulent, should remain within the knee joint longer than six or eight weeks is a serious question; it becomes more serious long before that time if accompanied by either pain or fever, and still more serious if *both* exist.

The aspirator will relieve the two conditions, and if properly used with antiseptic precautions no bad results will likely follow.

If after the eighth week, with rest, fixation and passive motion (the latter should not be attempted before this time has elapsed), the condition does not improve, aspiration should be resorted to.

If pus and high temperature exist after the tenth or twelfth week free incision with drainage should in a large majority of cases be adopted as the surest of the two procedures for relief.

There being but little danger of acute synovitis resulting in ankylosis before the eighth week, little time can be lost in waiting. But when pus exists delay is sure to be disastrous.

It is this condition to which I especially call your attention, and with which I wish to deal exclusively, having recently been called upon to resort to radical surgical interference.

In the event of pus or ankylosis, or both, being present, we have the choice of two operations, either of which will produce a straight leg with or without motion at the point of union. They are erosion and excision, both of which are rapidly taking the place of all other procedures.

Erosion is best performed in children, and consists of the removal of the various external ligaments — namely, ligamenta patella, posticus, lateralis; two external, lateral and capsular, also those internal; external and internal crucial, two semilunar fibro-cartilages, transverse coronary, ligamenta mucosum and alaria — together with any tubercular deposits that may be present.

Excision, as a rule, is the operation for adults, and is the same as erosion with the additional removal of the end of the femur and tibia, the after-treatment being the same for either operation.

In either case the incision is the same with or without the removal of the patella.

The bones may be firmly coapted. If so desired, their juxtaposition may be secured with ivory pegs, silver wire or steel nails or drills, or the plaster splint may of itself suffice.

Now that I have briefly defined the causes of and radical operations for diseases of the knee joint, I will pro-

ceeded to a hasty report of a case of seven years' duration running the usual course. In almost every respect it had the characteristics of a tubercular knee, except that there were but few deposits of tuberculous material, varying in size from an ordinary pea to a wren's egg.

C. W. L., aged twenty-four, in a fair physical condition, slipped in alighting from a horse seven years ago, injuring his left knee. Since that time the knee joint has been practically useless, having necessitated the use of a cane for the first four years, at the end of which time he discarded it, only, however, for four or five months, when he was compelled to resort to crutches. The pain was present and severe during all of this time (seven years), the knee continuing to increase in size; and flexion became more marked.

He was referred to me for operation by Drs. R. B. Hall and R. T. Trimble, and the knee excised at the "Trinidad" (my private hospital) in the following manner on March 7, 1890:

After giving the patient a bath and administering chloroform, an incision was made transversely, extending from the posterior margin of the inner tuberosity to that of the femoral tuberosity, passing over the lower third of the patella, which was divided with the saw and removed with the ligamentum patella and all the other ligamentous tissue in and about the joint.

After this was thoroughly done the small bleeding arteries were secured with forceps, and about one-quarter of an inch was removed from the femoral condyles and the same amount from the tibia with the saw. Great care was taken not to injure the nerves or vessels of the popliteal region. The cavity was again thoroughly washed with hot water, with which I finally succeeded in controlling capillary hemorrhage, which for a time was profuse.

The bones were coapted by means of Wyeth's steel drills, two inserted from below on either side of the tibia, crossing each other at an angle of forty-five degrees; the third was passed in a median line anteriorly in a line with the leg. This gave a firm coaptation and added materially to permanent

fixation, which was finally obtained. The integument, which had been dissected up and down, was now replaced and sutured with catgut, leaving the external end of each drill to slough. Through that they might be easily found and withdrawn at the end of three or four weeks.

The leg was then encased in roller plaster with pressure sufficient to prevent much hemorrhage, having the incision exposed for examination. Strips of tin were interwoven on the top and sides and a concave piece, well supported with plaster, on the under surface.

The leg remained in this plaster for ten days, during which time there was considerable pain. Upon removing it I found a tender spot just below the head of the outer drill. A small incision allowed about two tablespoonfuls of pus to escape. Another plaster splint was immediately applied, after which the pain and fever subsided, but the wound occasioned by the transverse incision never entirely healed.

He insisted upon going home at the end of the fifth week, which I allowed him to do, after urging him to keep in bed and not stand erect on this limb. He walked with a cane from the depot to his home, the distance being about one-half a mile. He took to his bed in the following week, where he remained until August 1, when I found it necessary to amputate at the middle third of the thigh.

The temperature had ranged from 100° to 102°, and the pain had been severe. The operation lasted from twenty-five to thirty minutes, the circular flap being resorted to. I curetted the whole interior of the femur, brought the periosteum over the end, sutured the integument with silk, after inserting rubber drainage from above downwards, and applied water dressing consisting of towels saturated in hot water.

These applications were continued indefinitely, and the tube was removed after a few days and the wound found to have closed by primary union.

For two days after the operation his condition was extremely critical, it being necessary to relieve the excessive

pain with morphia; after this the pain and fever subsided, the appetite returned, and he slept very well.

The bones I exhibit to-night are those taken at the time of operation, and show that complete union of the bone did not occur after excision, and that the myelitis in all probability existed at that time. This having been so, would it have been best to amputate or drill and allow free drainage at the time of excision? Surely this thought is worthy of consideration, amputation perhaps having been best.

I am informed that he is now walking about with the aid of a crutch, and that he has regained his usual weight, there being no indication of tuberculous infection, as was at one time feared.

The "Trinidad," 137 Broadway.

[FOR DISCUSSION SEE P. 541].

TREATMENT OF SPASTIC PARALYSIS.

Several cases of spastic paralysis, in which considerable improvement was obtained by energetic orthopædic treatment, have been reported by Professor V. P. Gibney in the *Journal of Nervous and Mental Disease*, August, 1890. He divides tendons and keeps the limbs in normal position for two or three months. The relief given to the nervous condition in many cases is stated to have been most marked. As an example of what has to be done, it may be added that in one well-marked case, a girl, aged seven, with scissor-like progression, the Achilles tendons, the adductors of the thighs, and the hamstring tendons, were all divided on each side; adduction was further overcome by force, the knees straightened, and the feet placed in the position of slight calcaneus. The child was then placed in a wire cuirass, the leg portions of which were abducted, and not removed for six weeks. Subsequently posterior braces had to be worn to overcome some remaining contraction of the hamstrings. When last seen, nearly two years after the operation, she was able "to walk several blocks," the heels came well down, in-knee was very slight, and excitability was much diminished.—*Supt. British Med. Jour.*

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of September 29, 1890.

The President, C. D. PALMER, M.D., in the Chair.

J. M. FRENCH, M.D., Secretary.

Case of Exostosis.

DR. JOSEPH RANSOHOFF presented a specimen of exostosis removed from the upper end of the femur of a young girl. It had been removed on account of its ungainly prominence and not from any danger which might be associated with it. Occasionally, it is true, an exostosis will assume dangerous properties, but it is not frequent.

Strangulated Omental Hernia.

The speaker also exhibited a specimen of a strangulated omental hernia which he had removed by operation a few days before. He had seen the patient a week before when the hernia was protruded and irreducible, and had advised him to submit to an operation to avoid further trouble. In operating he cut away quite a large mass of the omentum. Only a few adhesions were encountered and these gave no trouble. The patient has made a good recovery.

DISCUSSION.

DR. CLEVELAND asked the reporter whether the mass of omentum, if it had been permitted to remain until firm adhesions had formed, would not have completely closed the hernial opening so that the intestine could not pass.

DR. RANSOHOFF replied that such might be the case, but that if adhesions of this character formed, the omentum would thereafter remain as a band running from the top of the transverse colon to the inguinal opening, and would render the patient ever liable to have an internal strangulation. This he said was by no means fanciful, but a not very infrequent occurrence.

DR. R. B. HALL reported a case of strangulated omental hernia which had lasted many years without giving any

inconvenience, but finally was followed by an intestinal hernia on the same side that resulted fatally.

DR. C. S. EVANS corroborated what Dr. Ransohoff had said both as to the dangers of leaving the omentum attached at its lower extremity and the various facts of the operation reported by him.

The Vomiting of Pregnancy.

DR. JULIA W. CARPENTER reported good results in the treatment of this condition by painting the cervix with nitrate of silver.

DR. J. L. CLEVELAND agreed with remarks in regard to the use of remedies as well as to their uselessness in many cases. He thought that this inutility of remedies in bad cases demonstrated the fact that in severe cases no remedy will be of any use, while in mild cases almost any remedy will prove beneficial. In many cases a patient will improve after using some remedy, and it is hardly possible to determine whether or not the improvement is due to the remedy used. He had seen cases in which the trouble seemed to be in the cervix and dilatation seemed to do good. In one case the restoration of a malposition seemed to benefit the patient. Much could be said indefinitely upon this subject.

DR. R. W. STEWART confessed to a good deal of uncertainty in regard to the etiology of this disease, and thought that we would have to refer the condition back to the nervous system. No matter what be the condition of the uterus, whether there be a laceration or an ulceration of the cervix, the direct cause of the vomiting must be of nervous origin. No matter whether you restore the laceration of the cervix or not, the nervous impact of the condition still remains. There are other factors at work in these women, upsetting the nervous system. The woman is apt to have her nervous system aroused, and her reflexes follow suit, and on this account she is apt to vomit. Why this is the case we do not know.

His experience has been that the nervous, emaciated woman vomits most frequently; strong, robust women will not vomit. As far as remedies are con-

cerned, the speaker had tried everything and had come back to oxalate of cerium first, and if that did not do, he gave one drop of a solution of carbolic acid and tincture of iodine, equal parts.

DR. D. YOUNG remarked that at the commencement of his experience he had failed with almost every remedy he tried; but that while on duty at the County Infirmary he had more than a hundred cases and failed with all of them until he tried creasote, which he had seen recommended by some author at that time. Since he had been using this remedy he has had no further trouble.

Just at the close of the war the speaker noticed the recommendation of carbolic acid in vomiting; only a few weeks ago he saw the same remedy recommended by the same authority. He had used it also with some success, in three to five drop doses in this and other kinds of vomiting.

DR. C. L. BONIFIELD agreed with Dr. Stewart in laying the blame for this condition upon a hypersensibility of the nervous system, although we are not able to explain why it occurs. He recently saw a case in which the patient was suffering from retroversion of the uterus, metrorrhagia, etc., and was very much run down in general health. She was awakened every night between the hours of 12 and 3 with a severe water brash or violent vomiting. He prescribed oxalate of cerium with local treatment, and the vomiting gradually subsided. He thought that the last speaker's success had been due largely to the faith of the patient in her physician. Dilatation of the cervix is of great value in some cases, but not in all. These cases are those in which the cervix is distinctly rigid, but in other cases it is of no value. The use of pessaries is of benefit in some cases, even where there is no displacement, probably acting as a placebo.

DR. C. S. EVANS asked whether the method of Kussmaul by washing out the stomach had been tried in these cases. He thought it might be of benefit.

DR. OSBORN, in conclusion, stated that she thought she had seen mention of the use of washing out the stomach,

but she could not state where or what had been the result. She reported a case in which morphia had been used with advantage for quite awhile, but finally aggravated the trouble.

She agreed with the speaker who thought the neurotic temperament favored the development of this condition.

DR. B. MERRILL RICKETTS read a paper on

Excision of the Knee, (see p. 357).

DISCUSSION.

DR. RYAN remarked that some of the terms used by the author were at present found nowhere but in English works of some antiquity. Tubercular osteitis is a term understood by everyone, but "tubercular osteo-arthritis" is not now used. He thought that probably the best thing that could have been done in the case reported was to have amputated in the beginning. He also recommended the use of a drainage tube in all cases of joint excision so extensive as this one. With reference to the operation with a U-shaped flap, he thought the point of the U should have been upward instead of downward. Wire nails are not now much used. The surgeons of the Roosevelt Hospital, New York, recently told the speaker that they got along better without them than with them. He also thought the hot bichloride solution in this case would have been as good or better than simple hot water.

DR. C. S. EVANS stated that he had seen a large number of operations of resection in Bergman's clinic, and had there seen only one operation which had to be followed by amputation. In these cases the method employed by Bergman was to open the joint up, ligate the larger vessels, crowd the cavity with iodoform gauze, then let it rest forty-eight hours. He then reanesthetized the patient, removed the dressing, excised the bones, and coapted the extremities by position. Much depends on whether the operation is done aseptically in these cases. Attention must be given to details in order to get the benefit of aseptic surgery.

DR. RICKETTS concluded the discus-

sion, stating that the drills are now considerably used, but that if he were to repeat the operation, he would use silver wire with shot fastenings. In this way firm union can be secured without going so far into the bone. He would not again make the operation without the drainage tube. With regard to the aseptic condition of the wound, he admitted that the temperature was elevated at an early period after the operation, but could not say what was the cause of the elevation. He made it a point in his operations to secure, as far as possible, asepsis without the use of antiseptics, and placed great reliance upon boiled filtered water. He agreed with a former speaker that amputation in the beginning would have been the proper operation in this case, but he had made the attempt to save the limb if possible.

A NEW AND SIMPLE METHOD OF PRODUCING LOCAL ANÆSTHESIA.

Voituriez (*Revue de Thérapeutique*, July 15, 1890) says: The anæsthetic effects of carbonic acid gas, described by Brown-Séquard, are obtained in an extremely simple and practical manner by means of the ordinary syphons containing mineral water charged with the gas in question. The anæsthesia is obtained by projecting, from a distance of three or four inches, the contents of two or three syphons of seltzer water, limiting the application to the portion of skin about to be incised, or otherwise dealt with. The insensibility to pain lasts about five minutes, and then gradually disappears. The irrigation can, of course, be repeated if necessary. The indications for this method can be formulated as follows: When the ordinary instruments, more or less complicated, for producing local anæsthesia are not at hand; when the duration of the operation about to be performed does not exceed ten or fifteen minutes. This method of producing local anæsthesia should be confined to the limbs, as the irrigation is not without inconvenience when applied to the head, neck, or trunk.—*London Med. Recorder*.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of October 7, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. MAX THORNER presented a patient with

Abnormal Mobility of the Larynx.

Man, twenty-eight years of age. Complains since one year of strange, choking sensations, sometimes difficulty of deglutition. Laryngoscopic inspection shows intense congestion of the mucosa. There is no stenosis. The patient is in the habit, in order to relieve a strangling sensation, of moving his whole larynx up and down about a distance of an inch and a half. This up-and-down movement is accomplished solely by the action of the hyo-thyroid and sterno-thyroid muscles, which appear to be hypertrophic. Also abduction and adduction of the arytenoid cartilages can be produced at will by the patient. Whilst he is doing this one can hear the cartilage moving, with a loud grating noise, at a distance of about twelve inches from the larynx. On palpation one feels over the articulations, and also around the larger horns of the hyoid bone, distinct crepitation.

Speaker thinks all this is due to an extreme nervousness, the patient constantly troubling himself about his throat. There is no stricture of the œsophagus.

DR. C. B. VAN ZANT reported a

Case of Diphtheria,

and exhibited specimens of membranous casts of the trachea expelled on performing intubation.

The case itself does not call for a detailed account. It is one of diphtheria confined to the tonsils, anterior pillars of the fauces and uvula, in a child, eight years old and of delicate physique and health. The case pursued a regular and satisfactory course for about a week, when the diphtheritic

deposit cleared completely away; the fever disappeared, the appetite returned and convalescence seemed declared. Following, however, the erratic course which so often marks this disease, there developed in a few days symptoms of laryngeal involvement, aphonia, dyspnoea, a return of fever, etc. These so increased that I called in Dr. Eichberg to perform intubation. On the introduction of a straight O'Dwyer tube; the patient at once ceased breathing, became cyanotic, and collapse seemed imminent. Some obstruction was evident below the tube, which became apparent, as, with a violent expiratory effort, the tube was thrown out, and after it, a large tubular fibrinous cast of the trachea. This cast, as you will notice, is about four inches long and quite firm. The tube was replaced without trouble and with immediate relief to the dyspnoea and a lowering of the pulse-rate. Twenty-four hours later the tube was again expelled in a fit of coughing, and a still larger tracheal cast followed. On the reintroduction of the tube, rendered imperative by the increasing dyspnoea, a smaller cast was expelled through it, evidently from one of the smaller bronchial tubes within the pulmonary area. This cast showing, together with other local signs, an extension downward into the bronchi of the diphtheritic inflammation, I take to be of fatal prognostic import.

DISCUSSION.

DR. JOS. EICHBERG: The case illustrates one of the advantages of using the original O'Dwyer tube, which is perfectly straight. The tube could not have been expelled by the child had it had the bulge. In all cases where there is danger of the membrane extending below the tube the speaker always uses the original straight O'Dwyer tube.

FORMULA FOR PULMONARY PHTHISIS.—Gilbert recommends the following:

R Creasote,	30 to 45 minims.
Arsenate of sodium,	$\frac{1}{2}$ grain,
Quinine wine.	1 pint.

Two small wineglassfuls should be taken directly after each meal.—*Med. News.*

THE PHILADELPHIA COUNTY
MEDICAL SOCIETY.

OFFICIAL REPORT.

*Meeting of September 24, 1890.*The Vice-President, JOHN B. ROBERTS,
M.D., in the Chair.DR. CHARLES B. PENROSE read a
paper on the*Treatment of Hemorrhoids by
Excision.*

My object in presenting this paper is to urge the more general use of Whitehead's operation of excision in the treatment of certain cases of hemorrhoids.

In 1887, Mr. Whitehead, of Manchester, reported⁽¹⁾ three hundred consecutive cases of hemorrhoids which had been successfully treated by the method of excision and suture. His operation is performed in the following manner:

1. The patient is placed on a table in the lithotomy position, with the hips well elevated.

2. The anal sphincters are then thoroughly paralyzed by digital stretching.

3. The mucous membrane of the rectum is divided at its junction with the skin around the entire circumference of the bowel.

4. The mucous membrane, with the attached hemorrhoids, is dissected from the submucous tissue, and the cuff or cylinder thus formed is dragged below the skin margin.

5. The mucous membrane above the hemorrhoids is then divided transversely, thus removing the pile-bearing area, and the operation is completed by suturing the upper margin of the severed membrane to the free margin of the skin.

The advantages claimed by Whitehead for this method of treatment are based on pathological and on surgical reasons. He considers that the internal hemorrhoids, which are generally regarded as localized distinct tumors amenable to individual treatment, are, as a matter of fact, component parts of a diseased condition of the entire plexus

of veins surrounding the lower rectum, each venous radicle being similarly, if not equally, affected by an initial cause, constitutional or mechanical.

The operation of excision is the only one which removes this whole diseased area. It is, therefore, demanded for this pathological reason. It is, in addition, surgically more perfect than any other method of treatment, because it provides for the readjustment of healthy tissue with the object of securing primary union and rapid convalescence. It does not leave the sluggish ulcer of the cautery, nor is it attended with the pain and slow convalescence of the ligature.

My experience with this operation is limited to ten selected cases. Only those cases were selected in which there existed a complete circle of hemorrhoidal tumors surrounding the lower margin of the rectum, since for such cases Whitehead's treatment of excision seems to be most particularly adapted.

The details of the operation are simple and easy to execute. In dividing the mucous membrane from the skin it is best to begin at the posterior margin of the anus in order to prevent the blood from obscuring the field of operation. No skin should be sacrificed, even though there appear to be redundant tags around the margin of the anus. The skin always retracts somewhat and the tags shrivel and disappear before firm union has taken place. Failure to observe this rule may result in subsequent serious trouble. Kelsey⁽¹⁾ reports the case of a woman who had been subjected to a so-called Whitehead operation and who presented herself to him with a complete circle of excoriated mucous membrane, extending for one inch outside the anus. It is probable that in this case the operator had sacrificed too much skin.

On the other hand, the upper section of the mucous membrane should be made in the same horizontal plane throughout, in order to prevent subsequent ectropion ani.

The dissection of the mucous membrane from the underlying tissue is

¹ *British Med. Journal*, February 6, 1887.¹ *N. Y. Med. Journal*, October 5, 1889.

exceedingly easy except in some cases of old—or long standing—piles. The attachment of the submucous tissue is very loose, and separation can be effected with the finger or with the handle of the scalpel. It is not always possible to dissect the piles completely from the underlying structures, as they may involve not only the mucous but the submucous tissues, and in such cases it is necessary to cut partly through the piles until the healthy mucous membrane above is reached. Repeated attacks of inflammation, of course, render closer the adhesion of the pile area to the underlying structures. In one of my own cases, where the piles had existed for forty years, and had frequently been inflamed, the adhesions to the two sphincters were so close that a few muscular fibres were cut away during the removal.

The amount of blood lost during the operation is surprisingly small. Whitehead states that he has often operated on severe cases and not found it necessary to twist a single vessel. In five of my cases no hæmostasis was necessary. Bleeding is avoided by adhering closely to the mucous membrane in the dissection, as the larger arterioles lie beneath the submucous tissue. The arterial bleeding occurs in those cases of old piles which have been subjected to previous operation or to attacks of inflammation, and in which dilatation of the rectal and anal arteries has taken place secondary to dilatation of the hemorrhoidal veins. The bleeding from the upper divided edge of the mucous membrane can be reduced to a minimum by following Whitehead's method of inserting the sutures as each portion is divided, or by adopting Marcy's plan of introducing a circle of shoemaker stitches of catgut around the mucous membrane above the piles before cutting the mass away.

Whitehead's advice is in all cases to remove the complete cylinder of mucous membrane, whether or not the whole of this area appears to be diseased. He gives this advice for the reason which I have already stated, that he considers the individual piles as but part of a general pathological condition, involv-

ing all the lower hemorrhoidal veins of the rectum.

Whether we accept this pathological view or not, it is best to follow this plan, and to make a complete circular division of the mucous membrane, as by this method the best surgical results are obtained, and ectropion ani prevented. I have seen a case in which only one-half of the circumference of the mucous membrane of the rectum was removed, and a few hours after the operation an œdematous swelling formed in the other half, which has now resulted in a hemorrhoidal tumor almost as annoying as the one for which the operation was performed.

In attaching the mucous membrane to the skin, Whitehead uses the interrupted silk suture. He never removes the sutures, but allows them to ulcerate through—a process which is easily accomplished. In my own cases I have used the continuous catgut suture.

The treatment of these cases after operation is very simple. It is rarely necessary to use opium or the catheter. An opium and belladonna suppository introduced immediately after the operation, is in most cases all that is required. The bowels can be moved in from twenty-four hours to four days, and with very little pain. Absence of pain after Whitehead's operation is due to the thorough paralysis of the sphincters, and to the fact that no source of irritation is left beyond that of a clean linear incision, united without tension and without strangulation of tissue.

A glance at the histories of my own cases shows that they were all cases of aggravated hemorrhoids, in which the piles covered the whole circumference of the lower part of the rectum. In all the cases the disease had existed for many years, and two had been subjected to previous operation by the ligature.

In only one case was there anything like free bleeding during the operation.

In all the cases a suppository of one-half grain of extract of opium and one-half grain of extract of belladonna was introduced immediately after the operation, and this was all the opium required except in three cases, in which

one-sixth grain of morphine was subsequently administered.

The catheter was used in only three cases, and in these for a period not longer than twenty-four hours. The length of time that the case is confined to bed depends to a great degree upon the social standing and the disposition of the patient. In my cases it varied from two to ten days. Every case should be able to sit up in four or five days, and to resume work in ten days or two weeks.

The bowels were opened without pain in from twenty-four hours to four days after operation.

No complications of any kind followed these operations. Union takes place quickly, and generally one dressing, taken off when the bowels are moved, is all that is necessary. In no case was there incontinence from paralysis of the spincters, or any tendency to stricture, from contraction of the scar.

Since the publication of Whitehead's paper his method of operating has been tested by many surgeons. The operation cannot be criticised on surgical grounds, as it is certainly the most perfect plan of treatment, surgically speaking, which has been proposed.

The immediate removal of the tumors, the coaptation of healthy tissues, and primary union, are substituted for slow strangulation by the ligature, or removal by the cautery and healing by granulation.

The applicability or the necessity of this operation in all cases of hemorrhoids, is, however, open to criticism. If we accept Whitehead's views in regard to the pathology of piles, and believe that the whole venous plexus surrounding the anus and the lower end of the rectum, is in a pathological condition in every case of hemorrhoids, even though there may be present only one or two isolated tumors; then, of course, the complete removal of this area is indicated.

But, that this view is not true is proved by the thousands of cases which have been permanently cured by the ligature and the clamp. The method, however, is indicated in all cases of aggravated hemorrhoids where the vascu-

lar tumors cover the whole or the greater part of the circumference of the bowel. In such cases the operation presents no great difficulties. Statistics show that it is at least as safe as operation by the ligature or the clamp, and it is certainly followed by a more rapid convalescence, and much less pain and discomfort.

DISCUSSION.

DR. W. D. GREEN: I have had the pleasure of witnessing only a small number of Whitehead's operations, but I fully agree, and I think that those who have tried the operation will fully agree with Dr. Penrose, that the method of excising through the whole circumference of the bowel, the pile-bearing mucous membrane and drawing down upon the upper segment and then attaching this to the lower segment without including the skin, has the advantages, first, of removing all possibility of return of the trouble; and, secondly, as Dr. Penrose has stated, in making a clear, clean, linear incision around the circumference of the bowel. Nearly all of us have seen the immense amount of suffering which the older operations by means of the clamp and ligatures, and even the cautery, have entailed. In the cases of the new operation which I have seen, recovery has been rapid and complete. In one case, that of a woman well advanced in life, upon the day after operation, when I got to the house I found her comfortably seated in a rocking-chair. The physician who had had the case in charge before the operation had given her freely of some medicine to open the bowels, and on the morning after the operation, without any pain and without any tenesmus, she had a large, well-formed motion. In the old method, in which for days the physician was called upon to administer opium, either by suppository or hypodermically, in large amounts, and in which the patient and the physician both looked forward with dread to the time—five, six, or ten days after the operation—when the bowels were to be opened, is by this method entirely obviated.

I have seen in the few cases which I watched, no pocketing or trouble about the line of incision. The two freshly

cut surfaces unite very quickly—very much more so, it seems to me, than in mucous surfaces elsewhere. Even when the bowels were moved within twenty-four or thirty-six hours, I was surprised to find that there was no trouble.

It strikes me that the continued suture has advantages over the interrupted. Being introduced and made fast at one point, and then carried out and in around the circumference of the bowel, if catgut be used at the time when union usually occurs the suture is probably dissolved and passes away without any trouble; or, if silk be used, by simply introducing the scissors and cutting close to the knot and giving an easy pull, the whole suture is removed without any pain or bleeding.

I must confess that the operation presents to me by far the best method of removing the pile-bearing membrane when it exists and involves one-half or more than one-half the membrane around the circumference of the bowel.

PARACENTESIS.—Prof. Keen selects the following points for the passage of the needle in the operation of paracentesis. In paracentesis thoracis the place of election is between the eighth and ninth ribs in the line of the axilla. In paracentesis abdominis the needle should enter in the middle line, the patient being in a sitting posture and the bladder having been previously emptied. In paracentesis pericardii the patient should be in the recumbent posture and the needle should enter at the fifth interspace in front, due regard being had for the heart and large vessels.—*Col. and Clin. Record.*

MEDICAL ACHIEVEMENT IN CHINA.—It is said of Dr. Kerr, a medical missionary at Canton, that he has, in the past thirty-six years, treated over 520,000 patients, and has prepared twenty-seven medical and surgical books. He has trained one hundred medical assistants, chiefly Chinese. China now possesses one hundred and four hospitals and dispensaries, at which, in 1889, more than 348,000 patients received treatment.—*Med. News.*

Selections.

A CASE OF TRAUMATIC TETANUS: RECOVERY.

Dr. A. W. Tancil reported the following interesting case to the District of Columbia Medical Society, at its meeting held October 16, 1889.

Willie Scott, colored, aged 14 years, No. 817 Twenty-fourth Street, N. W., some time about the last week in July, stuck a nail in his foot. The wound healed under domestic treatment, but a short time subsequent thereto, about one week, while playing, it broke out again, which caused quite a hemorrhage, but it got well and attracted no further attention.

August 18, 1889, I was called to see him. Complained of pain and stiffness in the jaws, neck and shoulders; pulse a little rapid, temperature about normal, appetite good and bowels regular. *R* Sodii salicylas, 3ij; tinct. colchici em., 3j; tinct. digitalis, 3ss; syrupi aurantii, ad 3ij. Sig. A teaspoonful in water every four hours. *Do.* *R* Pulv. ipecac et opii, gr. viij. Sig. Take at bed hour.

August 19, morning, found him apparently better; wanted to go to work, to which I would not consent, and directed the same treatment continued.

August 20, morning, complained of pain in the stomach, other symptoms about the same as on August 19. *R* Morph. sulphat., gr. j; aquæ camph., 3j. M. Sig. 3j every four hours. Pulv. ipecac co. discontinued.

August 21, morning, he had suffered intensely all night. Muscles of back, trunk, abdomen and extremities rigid. Abdomen retracted, features distorted, and frequent paroxysms of tonic spasms. Mouth or jaws very nearly closed; could not bear to be touched. The entire body, from head to feet, so stiff, that we had to handle or move him by the head. Pulse 110, temperature 105.5°. *R* Quinæ sulphat., 3j; elix. sim., 3ij. M. Sig. 3j every four hours. *R* Bromidia (Battle), 3j. Sig. A half teaspoonful in water every two hours.

August 21, afternoon, had slept

some, was more quiet, temperature much reduced, pulse ditto, and wanted something to eat. I directed them to give him milk (good rich milk) and beef-tea alternately and liberally. Quinæ and bromidia continued, and must be kept absolutely quiet.

August 22, morning, temperature and pulse near normal, had had short intervals of sleep; had taken milk and beef-tea quite freely and doing fairly well. But, as the bowels had not moved since the 17th, ordered: \mathcal{R} Elaterii, gr. j; hydrarg. chlor. mit., gr. xij; pulv. sacch., \mathcal{E} j; m. div. pulv. No. xij. Sig. One powder every six hours until bowels moved. After taking second powder bowels moved freely.

August 22, afternoon, temperature normal, other symptoms about the same as in the morning, said he felt better. Ordered bromidia continued, and the quinæ mit. to be given three times a day. I was sent for between 10 and 11 on the evening of the 22d. Found him suffering what seemed almost death—intense agony. But, as I had once before succeeded in a similar case with bromidia, I determined to push that remedy or combination. \mathcal{R} Bromidia, \mathfrak{z} ij, of which I gave a teaspoonful in water immediately, and thirty minutes after gave another teaspoonful, and within thirty-five minutes from second dose he was sleeping quietly. I remained with him about a half-hour longer, during which time he slept. I then directed a teaspoonful of bromidia to be given every two hours and left.

August 23, morning, had spent a fairly good night, sleeping most of the time; had taken milk several times. Still rigid from head to feet. Paroxysms of spasms not so frequent, but cramps in chest and abdomen most threatening. Respiration difficult, temperature 95° , pulse rapid and feeble. But said he felt better, and if it were not for the cramps in stomach and chest, would feel first rate. \mathcal{R} Milk punch every four hours, beef tea to be given liberally. Bromidia, a teaspoonful in water every hour. Quinæ sulphat., gr. iij ter in die.

August 23, afternoon, pulse stronger and more steady, respiration not so rapid,

and a great deal more comfortable. Temperature about normal, has, generally speaking, quite improved since morning. Ordered one powder of the elaterii, calomel and sugar to be given at night, and to be repeated every second day if needed. Other treatment continued.

August 24, morning, temperature and pulse fair. Cramps in chest, back and abdomen still severe and threatening. Muscles not quite so tense, but he is still as stiff as a board and can not bear to be handled other than by the head. Had slept a good deal during the night and taken nourishment quite freely. Ordered quinia continued (gr. iij ter in die), and a teaspoonful of bromidia to be given as often as necessary to control the spasms; in other words, that he be kept continually under its influence except while taking nourishment, which I directed them to give liberally.

August 24, afternoon, Dr. Robert Reyburn saw him, in consultation with me. He was much more comfortable, doing well. Upon Dr. Reyburn's suggestion ordered, \mathcal{R} Tinct. gelsemii, gtt. x. to be given every four hours. Bromidia continued, viz.: a teaspoonful as often as needed for control of the spasms. Beef-tea and milk to be given liberally. This line of treatment was continued with but slight variation, the patient in the meanwhile making slow but gradual progress towards recovery, and on September 16 he was able to sit up in a chair. September 22 he could walk around the room by pushing a chair before him, and by September 25 he was able to go where he pleased.

The gelsemii was continued in diminished doses, viz.: gtt. viij to gtt. vj to none. The bromidia was continued in full doses, \mathfrak{z} j, but longer intervals, until September 26, when all treatment (medical) ended. Total amount of bromidia taken, 3 xv and \mathfrak{z} ij.

The following are the observations of Dr. Reyburn on this case:

The above case is a typical example of the more chronic variety of traumatic tetanus, and is interesting because it illustrates very well what I believe to

be the correct method of treatment of such cases.

The reflex action of the great nervous centres, and more especially the spinal cord, is so immensely exaggerated in tetanus that the slightest noise, the exposing of the patient to a current of cold air, or even a slight movement of the patient, may develop a fatal spasm either of muscles of respiration, or some other of the group of muscles which control functions necessary to life.

Unfortunately, I have had too much of an experience in this disease from the year 1862 to the present time, to have seen every variety of treatment tried, including all the narcotics and nerve sedatives of the Pharmacopœia, also the continued use by inhalation of chloroform and ether. Anæsthetics, however, while they for a time do seem to modify and control the spasmodic contractions of the muscles, have in my experience never affected a cure. The only treatment that I have found to be reasonably successful is morphia given in large doses and in combination with bromide of potassium, but in order to do any good with the remedy it must be given in double or triple the ordinary doses and continuously; in other words, you must keep the patient in a condition of semi-narcotism all the time, for days or weeks, if necessary.

In the treatment of the above case it was found absolutely necessary to disregard the ordinary rules of dosage and to give with a liberal hand the bromidia in quantities sufficiently large to keep the muscles relaxed. Several times during the early stages of the treatment of the case, the attempt was made to diminish the doses of the powerful agent used, but the aggravation of the trismus and the painful and powerful contractions of the muscles of the abdomen and extremities compelled a return to the larger dose.

Patients suffering from traumatic tetanus, as a rule, in the cases I have seen, die from violent contractions of the respiratory muscles, which stop respiration, and, of course, they die very suddenly and unexpectedly.

Another most important point in the

management of these cases is to insist upon the most absolute rest and quiet. The patient is to be placed in the darkest and most secluded corner of the house, away from noise and secure from the well meant but often fatal kindness of visitors and friends. Many a case will be doing well, when the excitement of a strange face or a visit from a friend will bring on a spasm which may instantly prove fatal.—*Journal American Medical Association.*

MIXED ANÆSTHESIA.

Since Nussbaum, in 1877, proposed the hypodermic injection of morphine previous to the induction of anæsthesia by chloroform, there have been a few who resorted to this procedure. More recently Dastre, a French surgeon, has recommended a combination of morphine and atropine for the same purpose. In *Le Mercredi Médical*, July 30, 1890, Reynier reports a very unfortunate experience with this use of morphine and atropine previous to chloroform anæsthesia. Dastre maintained that the syncope produced by chloroform is due to the inhibiting action of the pneumogastric and of its centers in the medulla, and therefore proposed to paralyze this apparatus with morphine and atropine. Aubert obtained satisfactory results in experiments upon men, and it was owing to these that Reynier tried the method. The patient was a young girl, sixteen years old, pale and chlorotic, who underwent a short operation for tuberculous osteitis. It was over in ten minutes. She had inhaled about seven drachms of chloroform and had received previous to anæsthesia one-twelfth of a grain of morphine and one two hundred and fiftieth of a grain of atropine. The operation over, sleep was prolonged. Reynier says he was not uneasy, for Dastre said that this was the rule and was one of the advantages of the method. Reynier therefore left the ward, but in about two minutes his interne summoned him in haste. The respiration of the patient had abruptly become more rapid, then soon afterwards very feeble, and when Reynier arrived it had almost ceased, and so had the

heart beats. For three hours artificial respiration and hypodermic injections of caffeine were used; at times it was hoped that some spontaneous respirations were obtained. But there was no help for it; the patient was dead. The autopsy, conducted by Verneuil, disclosed nothing abnormal. The chloroform was analyzed and was found pure.

Reynier expresses the opinion that there was a progressive intoxication of the centers in the medulla by the chloroform, and that the morphine and atropine deprived the chloroform of one of its advantages, namely, its rapid elimination. He has endeavored to prove this opinion experimentally in the laboratory. He thinks that dogs bear atropine and morphine very well, but chloroform badly; whereas just the reverse is true in man, who bears chloroform well, but morphine and atropine badly.

It should never be forgotten that even the safest anæsthetic is dangerous. But experience in the administration of an anæsthetic goes far to lessen its dangers. Perhaps the surgeon will have the fewest accidents who confines himself to one anæsthetic and so studies the administration of that one that he becomes master of it. Chloroform is undoubtedly more widely used than any other anæsthetic agent. The path by which death takes place after its use is still in dispute, and until that is determined beyond question it will be hard to decide what part of mixed anæsthesia—if any—is directly responsible for a death following it. Deaths attributed to chloroform alone are too common and mixed anæsthesia has been used with entire success too often for the case described above to be regarded as proving that it is more dangerous than useful in surgical practice.—*Med. and Surg. Reporter*.

USE OF ALKALIES IN DYSPEPSIA.

Germain Sée, in an article published in the *Semain Médicale*, says that alkalies frequently fail to do good in dyspepsia, owing to improper methods of administration. He recommends that forty-five to sixty grains of sodium bi-

carbonate, dissolved in warm water, be given at the time of the greatest acidity, which is generally two or three hours after meals. Smaller doses do not sufficiently neutralize the acid, while larger ones may do harm by leaving the stomach contents alkaline, the object being to keep the gastric juice at its normal acidity. In dyspepsia, with insufficient secretion of hydrochloric acid, such as is met with in anæmia and neurasthenia, alkalies in small doses should be given half an hour before meals. It has been experimentally shown that this increases the amount of acid secreted. General hygienic and dietetic treatment should not be neglected.

—*Sup. Brit. Med. Journal*.

BROMIDE OF ETHYL IN DENTAL PRACTICE.

This anæsthetic—associated in England with the name of Nunneley, of Leeds, who first employed it in 1849—was vaunted by Herr Schneider, a leading German dentist, as a useful agent for dental practice. His communication made to the Munich Odontological Congress of 1888 led to its pretty extensive employment, and Dr. Frederick Herz, a Viennese dentist, writing in the *Internationale klinische Rundschau*, quoted a number of successful cases. It was claimed that bromo-ethyl produces unconsciousness rapidly and is recovered from with equal celerity, and has no unpleasant after-effects. Its action upon the heart was by Wood stated to be slight, although that investigator credits it with the property of lowering vascular tension. On the other hand, further experience has not borne out the good report Schneider, Herz, and others gave of it, for quite recently Dr. Mittenzweigs has written an earnest protest against its employment by dentists, since three cases of poisoning from its use have occurred in Berlin alone. Nor would it appear that bromo-ethyl is as free from after-effects as was at one time supposed, for Dr. Terrillon found vomiting to follow even small doses, while Dr. Julian Chisholm, after prolonged experience of its use, says it can

only be employed for very brief operations, as its effects are most evanescent. Marion Sims regarded it as distinctly dangerous when any renal disease existed. Many observers have found that the drug failed as an anæsthetic in a large proportion of the cases in which they tried it. Deaths have been reported from its use by Levis and Pancoast in America, also by Wolff and Lee, and to these we must add Dr. Mittenzweigs's three cases, in which not more than twenty grammes of the material was employed. An additional warning may be given to those who intend using bromo-ethyl, and that is that it is extremely difficult to obtain samples free from impurities—for example, free bromine, bromoform, carbon bromide, and traces of phosphorus.

—*British Med. Journal.*

Two drops of creasote made from beech tar, given with a little water, is said to be a specific for hiccough arising from drunkenness.

ELECTION OF OFFICERS.

At the annual meeting of the Cincinnati Medical Society, held October 28, the following officers were elected for the ensuing year:

President, Dr. Max Thorner.

First Vice-President, Dr. J. A. Thompson.

Second Vice-President, Dr. C. B. Van Zant.

Secretary, Dr. L. S. Colter.

Corresponding Secretary, Dr. A. D. Birchard.

Treasurer, Dr. J. C. Oliver.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, November 1, 1890.

The Week.

OVERSTRAIN AND OVERWORK.

Here and there in the long wastes of sandy and desert plains, the eyes of the traveller are made to brighten and gladden with an unspeakable and joyous delight as they behold green spots that mark oases, which are fed by never-failing springs of living water.

So at rare intervals the world sees men whose intellects sparkle and scintillate as they delve in the unknown, and bring forth that which is new, and in their own peculiar way add to the sum of human knowledge. The men who have capacity for original investigation are rare as oases in the deserts, and to whom all other men owe a debt of gratitude deeper than a trade-mark or patent right.

In the same rare intervals the world sees here and there a man who is fired with an ambition to surpass and go beyond the measure of attainments that mark the labors of his fellows who are similarly circumstanced and toil in the same field. This ambition becomes as it were a consuming fire that continuously goades him on to greater and

greater exertions. Ordinary industry becomes extraordinary in application. Ordinary hours for work are lengthened to unusual periods. Muscles and nerves are stretched to the severest tension; they are strained and over-strained. The individual ceases to be numbered with common men in his methods of life; his will seems to be indomitable; his determination of purpose yields to nothing that may be in his way. He is coming, clear the way! is the inarticulate exclamation of the multitude. He is looked upon as an eccentric, but all the same his genius of industry gives out to the world some of its brightest gems. The brightness of his work is new knowledge, and all the people are more or less profited thereby, while his own personality is made to shine as a planet in the heavens. The pace of his labors thins and attenuates the molecules of the gray matter within his cerebrum, and eventually there is a break or a softening from long-continued attrition, the cells collapse, and that which was brightest becomes dull and faded, there is a wreck, the saddest of sights. Like the vessel in a long storm, he may go down suddenly or be spared for a time to flounder and hammer on the waves of adversity, that are as sure to finally engulf him, as they are the fine old ship that strikes an iceberg in mid-ocean.

The life career of such a man may be aptly compared to a chain that has been forged of the finest metal, kept in constant and hardest use; the links are all made very bright with the friction of work, rust has no time to form; and where the friction is greatest and most severe, the brightness of the links shine with the lustre of a polished mirror, reflecting every hue of the metal. Here the infinitesimal particles are worn to thinnest crystals, displacement of atoms take place, while others become very

thin and slender. And as the greatest strength of the chain is only that found in its weakest links, some sudden twist or extra pull is sure to snap it asunder. The ends fly back with a recoil, and although a smith may patch or mend the link, and the chain given a rest, the other old links are so worn that either rust or wear soon causes a parting that consigns the whole to the scrap yard.

Over-ambitious men are always discontented, and usually rated by their fellows as disturbing elements, but to their credit it may be justly said that they are generally noted as men of progress, men of ideas; they are the men who advance our industries as well as natural sciences.

Physicians are more or less familiar with cases of over-work and its concomitant, over-strain, and the ultimate result, nervous prostration and heart failure.

A familiar and always welcome figure at all large gatherings of physicians and pharmacists during the past ten or twelve years, was Mr. Jordan Lambert, a man whose silvery laugh and sunshiny face every one was glad to see. Wherever Lambert was, a crowd of jolly fellows surrounded him. His presence was a never failing well-spring of joy and mirth. To know him was a pleasure in and of itself; to be his friend—an unspeakable delight. But alas! Jordan Lambert was possessed of an ambition that goaded him day and night; his spirit was filled with a discontent that made him work continuously. His ever active mind knew no such thing as rest; it was go, go, and come, come, until a decade of time softened his weakest link, and suddenly it snapped, and Jordan Lambert was carried to a premature grave.

Twenty-five years ago a physician,

Dr. Roberts Bartholow, a stranger, unknown and unheralded, came to our city. He was a man of the most rugged physique, with muscles of iron and nerves of steel. A quiet life in the regular army for a number of years had seemingly been for the purpose of developing all his parts to a physical perfection that is rarely given to man. Of a naturally combative and antagonistic disposition, he was here very soon aroused by an ambition that became a consuming fire that never went out; his discontent found relief only in work, work, work. His studies never ceased, while his pen soon made the medical profession of the world familiar with his thoughts, studies, observations and investigations. This restless, inordinate, consuming ambition made him arrogant and positive in his assertions, dogmatic in opinion, and intolerant of opposition. These traits were manifested in his writings, lectures and consultations. In his practice these very characteristics were a cause of confidence in him by his patrons to a degree that was both wonderful and marvelous. While he was poorly gifted with social qualities that make men agreeable to each other, he was singularly successful in winning the confidence, respect and applause of his pupils and classes.

Dr. Bartholow's energy of will backed up and fairly pushed his now uncontrolled ambition, and made him work as seemingly no man ever worked before. His stint of work was eighteen to twenty hours every day, three hundred and sixty-five days every year for fifteen years, with neither rest nor vacation; his mental and physical momentum never halted for a single day or hour. Artificial aids were continuously resorted to in order to get more and more work every day out of his apparently tireless intellect and body.

When every one else was ordinarily in bed taking that balmy rest which is nature's sweet restorer, Dr. Bartholow was goading and stimulating his nerves and brain with strong infusions of coffee, in order to get in additional hours of work.

Ten years ago a summons came—he was elected professor of materia medica in Jefferson Medical College. It was then he said aloud what he had long said to himself: "I am going to Philadelphia, and a principal reason for doing so is because I have no professional peers in this city." A delirium of grandeur had already pervaded his over-worked brain. His peerage was located on a very high pinnacle. The professional world was bowing in homage. Those who lived in Cincinnati during those memorable fifteen years knew the cost of his royal possession—they knew of the fifteen years of eighteen to twenty hours of toil every day of that time; they also knew that nearly if not quite all there was to show for it was the peerage and his call to the City of Brotherly Love.

As a material fact, it would not be possible for any other man to ever accomplish more intellectual and physical labor in fifteen years than Dr. Roberts Bartholow did while in this city. His removal to Philadelphia brought some degree of rest to his worn and tired brain and body. His habit of work, however, was to some extent kept up. But, unfortunately, his antagonistic disposition clung to him, and rumors of unpleasantnesses with his co-professors were more or less frequently wafted to the West.

Notwithstanding the slack of tension, some months ago tidings were borne to us of erratic conduct that passed beyond the bounds of eccentricity and clearly indicated symptoms

of an unsettled mental equilibrium. The weakest link was sagging.

A sense of sorrow for the surely coming wreck locked 'the news' from the public. We felt that a giant intellect was tottering, an intellect that had given its very life to scientific and clinical research was dying, its light was becoming a shadow; until, at last, the public have 'the news.'

A pall of mournful sadness comes over us as we contemplate the thought of this termination of such a career as that of the indomitable, the gifted Dr. Roberts Bartholow.

A lesson, a parting lesson, is hereby taught, and should be thoroughly heeded by those who feel the iron grip of an insatiable ambition that is inordinate in its character, that leads and goads the discontented to a violation of physiological laws in order to be able to accomplish some specific purpose that may be ever so laudable in motive. To some we say: SLOW UP, lest a link be weakened and the golden bowl broken.

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday evening, November 3, DR. CHAS. W. DODD will read a paper on "The Keratoscope."

DR. JOS. RICKETTS will read a paper on "Vascular Tumors of the Anterior Nares," with history of a case; discussion by DRs. E. E. SATTLER, THRASHER and FITZPATRICK.

November 10, DR. J. T. WHITTAKER, subject to be announced.

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, November 4, DR. E. W. WALKER will read a paper on the "Surgical Treatment of Varicocele."

DR. B. P. GOODE will report a case of "Mitral Stenosis."

DR. F. O. MARSH will report on a "New Form of Intubation Tube for the Larynx."

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending October 24, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Croup.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....	1	..	..	..	..	..	..	..	..
2.....
3.....	3	..	..	..	..
4.....	1	..	..	..	1	..	..	..	..
5.....
6.....
7.....	3	1	..	..	1
8.....	1	..	..	..	1	..	..	..	..
9.....
10.....	2	..	1	..	..
11.....	2	..	..	..	2
12.....	1	..	..	..	..	..	..	..	1
13.....	2	..	..	..	1
14.....	2	2	..	..	..
15.....	2	..	..	..	..
16.....	1	..	..	..	..	..	..	..	..	..	..
17.....	1	..	..	..	..	..	..	..	..
18.....	1	..	..
19.....	1	..	..	..	..
20.....	1	..	..	..	..
21.....	1	..	..	..	..
22.....	1	1	1	..	..
23.....	1	..	..	..	..
24.....	2	1	..	..	..
25.....	1	..	..	..	..
26.....	1	..	..	..	..	..	..
27.....	1	..	..	..	..
28.....	4	1	..	..	..
29.....
30.....	1	1	..	..	..
Public Institutions	1
Totals	1	..	5	..	1	..	30	9	1	2	6
Last week.	4	..	..	..	21	8	2	4	5

The following is the mortality report for the week ending October 24, 1890.

Croup.....	2
Diphtheria	9
Typhoid Fever.....	6
Other Zymotic Diseases.....	2—19
Cancer.....	4
Consumption	11
Marasmus.....	2
Other Constitutional Diseases.....	0—17
Apoplexy	2
Bright's Disease.....	2

Bronchitis.....	1
Enteritis.....	1
Heart Disease.....	9
Liver Disease.....	4
Meningitis.....	3
Nephritis.....	2
Pneumonia.....	7
Other Local Diseases.....	17-48
Deaths from Developmental Diseases.....	10
Deaths from Violence.....	4
Deaths from all causes.....	98
Annual rate per 1,000.....	15.68
Deaths under 1 year.....	18
Deaths under 5 years.....	29
Deaths for corresponding week of 1889....	108
Deaths for corresponding week of 1888....	98
Deaths for corresponding week of 1887....	104

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 70 cities and towns during the week ending October 24, 1890:

Diphtheria: Akron, 1 case; Berea, 2 deaths; Chagrin Falls, 1 case; Chester Hill, 1 death; Chillicothe, 2 cases, 2 deaths; Cincinnati, 30 cases, 9 deaths; Cleveland, 12 cases, 2 deaths; Columbus, 13 cases; Continental, 3 cases; Dayton, 20 cases, 3 deaths; East Liverpool, 1 case; East Palestine, 5 cases, 2 deaths; Forest, 2 cases; Fostoria, 1 case, 1 death; Nelsonville, 4 cases, 2 deaths; New Straitsville, 1 case, 1 death; Oberlin, 1 case; Painesville, 1 case; Portsmouth, 4 cases; Sandusky, 1 case; Sidney, 2 cases; Springfield, 5 cases; Tiffin, 9 cases, 1 death; Toledo, 5 cases, 2 deaths; Wellston, 6 cases, 1 death; Xenia, 4 cases, 1 death; Youngstown, 1 case, 1 death.

Scarlet Fever: Akron, 1 case; Blanchester, 1 case; Chagrin Falls, 1 case; Cincinnati, 5 cases; Cleveland, 15 cases; Clifton, 1 case, Columbus, 13 cases; Dayton, 3 cases; Defiance, 2 cases; Ironton, 3 cases; Logan and Lorain, each 1 case; New Lisbon, 3 cases; Portsmouth, 3 cases, 1 death; Shawnee, 3 cases; Springfield, 1 case; Toledo and Youngstown, each 3 cases.

Typhoid Fever: Blanchester, 2 cases, 2 deaths; Cedarville, 2 cases, 1 death; Celina, 4 cases; Chagrin Falls, 1 case; Chicago, 4 cases; Chillicothe, 1 case; Cincinnati, 1 case, 6 deaths; Cleveland, 6 cases, 4 deaths; Clyde, 1 case, 1 death; Columbus, 5 deaths; Conneaut, 1 case; E. Palestine, 2 cases; Fostoria, 2 cases; Kent, 1 case; Lewisburg, 1 death; Lorain, 3 cases; Mechanicstown, 1 case, 1 death; Millersburg, 1 case; New Straitsville, 3 cases, 1 death; Port Washington, 1 case; Salem, 1 case, 1 death; Springfield, 34 cases, 2 deaths; Toledo, 2 deaths; Uhrichsville, 3 cases, 1 death; Wabash Tp., 5 cases; Youngstown, 3 cases, 2 deaths.

Whooping-Cough: Untrim, 6 cases; Chagrin Falls, epidemic; Cincinnati and Mentor, 1 case.

Measles: Cincinnati, 1 case; Columbus, 1 death; Ironton, 1 case; Portsmouth, 2 cases; Olmsted Tp., 1 case.

No infectious diseases reported to health officers in 19 towns.

C. O. PRONST, M.D., Secretary.

MEDICAL MISCELLANY.

BACTERIA IN DRINKING-WATER.

Dr. W. Migula (*Centralbl. f. Bakt. und Parasitenk.*, Bd. viii, No. 12, September 12, 1890, p. 353) makes a contribution to our knowledge of this subject which is really a new departure as regards the examination of drinking-water. He points out that, although considerable stress has been laid on the examination of water for pathogenic organisms, there is no reliable rule to guide the hygienist in his examinations for the ordinary saprophytic organisms and their relation to the purity of water to be used for drinking purposes. Dr. Migula washes out small flasks with bichloride of mercury; then, after rinsing them with the water to be examined, he leaves a specimen in the flask, which is plugged with sterilized cotton wadding and covered with an india-rubber cap. It is not necessary to pack the flasks in ice, as it is assumed that if any of the organisms multiply, they will all do so; whilst if the putrefactive organisms (those that liquefy gelatine) grow more rapidly than the others, independent evidence is obtained of the impurity of the water. Cultivations are made in flat glass dishes, in order to save the time required in manipulating plates and tubes during the cooling process. After examining 400 springs, wells, and streams, the author has come to the conclusion that when there are more than ten species in any sample of water, especially when these are not species ordinarily met with, the water should not be used for drinking purposes. He found that only in fifty-nine waters was this the case, but that 169 waters contained more than 1,000 organisms per cubic centimetre, sixty-six of these having over 10,000 (forty over 50,000). From these figures it will be seen that some of the sources of supply would be condemned by the old method but would be passed by the new, and some condemned by the new would be passed

by the old. Migula found in all twenty-eight species, and in a series of tables he brings out the fact that the number of colonies does not by any means correspond with the number of species, though in some cases it undoubtedly does so. This is, in fact, an exceedingly variable quantity. It also comes out that putrefactive bacteria are almost invariably absent from spring water; that they are most frequently found where the number of species is great, and where the number of colonies is between 1,000 and 10,000 per cubic centimetre; that they also occur where the number of germs is below fifty per cubic centimetre, but very seldom when the number is over 10,000.

Dr. L. Schmelk, who recently (*Centralbl. f. Bakt. und Parasitenk.*, Bd. iv, No. 7, 1888, p. 195) pointed out there is a great increase in the number of bacteria in the water-supply of Christiania during the period that the upland snows are melting most actively, now (*Centralbl. f. Bakt. und Parasitenk.*, Bd. viii, No. 4, July 18, 1890, p. 102) gives further evidence, collected during the last three years, in proof of his theory. The numbers he finds for these years were ten or fifteen per cubic centimetre in March to 2,500 in April, 1888, 1,100 in 1889, and on March 28, 1890, 5,000; the breaking up of the winter snows having occurred this year much earlier than usual. This is the period during which the winter snows are melting, and after this is completed there is no marked increase in the numbers of bacteria in the lake water until the reappearance of the winter snows, some of the earlier falls of which during October, November and December melt and disappear. In December the number of bacteria per cubic centimetre sometimes reaches 600, the highest point recorded during the year except in March. Dr. Schmelk thinks that the increase is due to the action of frost in breaking up the earth's surface from which the contained organisms may be set free as soon as a thaw occurs, and then washed away along with the surface soil just as during great rain storms. He also points out that masses of ice projecting into a river may form "col-

lecting" points for particles suspended in the flowing water, as more bacteria are always found in the water obtained from such ice when melted than in the river water itself. He verified this by repeated experiments. He found, however, that when floating ice was melting in water, though it contained a few more organisms than water collected near the surface, it held far fewer than water taken from a considerable depth. In the Christiania water-supply he found some thirty species of bacteria, some of which occurred very seldom, some at certain periods of the year only, and a few all the year round. The amount of solids in the water varies, from time to time, between 0.92 and 0.94 grammes per litre, and traces of ammonia can usually be found in water during the time that it contains most bacteria.—*Supp. British Med. Journal.*

KOCH'S BERLIN ADDRESS.

The statements made by Koch in his notable address at the Berlin Congress have received confirmation in two important points. To one of these we have already referred—namely, to the work done by Grancher and Martin, of Paris, in the production and arrest of inoculated tuberculosis in rabbits. This work is confirmatory of Koch's experiments on the guinea-pig, with an agent not yet named, for the reason that the series is yet incomplete and under observation. The second point wherein Koch's observations have been corroborated is that regarding the antitubercular properties of gold and silver compounds. This we learn from an article in the *Lancet* for August 30, which describes the almost synchronous discovery of an Austrian official in regard to the apparent prevention of phthisis among workmen who have to handle and work with "cyan-gold." This observer, Herr Reuter, read a paper in April last before the Industrial Union of Lower Austria, showing how his position as director of several great workshops of metallic wares, at home and abroad, had led him to notice the relative infrequency of consumption among his operatives, and to become

inquisitive as to the agencies at work among this class of workmen. He paid particular attention to works in which the artisans were engaged in galvanizing articles with gold and silver, and the inquiries that were made by him gave him the impression that a healing virtue resided in prussic acid, the use of which is essential in those workshops where the "cyan-metals" dissolved in potassium cyanide are used. Herr Reuter obtained much confirmatory testimony from the workman in these works. Not only did they agree that consumption was extremely rare among them, but that many of those who came into the works from other places, and who had disease of the respiratory organs, were greatly benefited, and some entirely cured. Since the adjournment of the Berlin Congress, the Vienna Medical Association has begun the consideration of Herr Reuter's observations, and has already indicated that they appear to be reliable and valuable.—*N. Y. Med. Journal*.

METHODS OF DISINFECTING THE HANDS.

Geppeart (*Centralblatt für die medicinische Wissenschaften*, July 26, 1890), advises the following method of disinfecting the hands previous to operating: Cover the hands with a paste made by mixing 100 parts of powdered chloride of lime with 45 parts of water. Then dip them for a few moments in a three-per cent. watery solution of hydrochloric acid. Or, in a place of this, the hands may be alternately dipped into a chloride of lime solution and three per cent. hydrochloric acid solution.

Mikulicz (*Der Frauenarzt*, August, 1890), disinfects his hands by first cleaning the nails, then scrubbing the hands for three minutes with potash soap and water, soaking them for half a minute in a three per cent. carbolic acid solution, and finally washing them off with a 1-to-200 sublimate solution.—*Med. News*.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in symptomatic diseases.

Bibliography.

A TEXT-BOOK OF COMPARATIVE PHYSIOLOGY: For Students and Practitioners of Comparative (veterinary) Medicine.

By WESLEY MILLS, M.A., M.D., D.V.S. With 476 illustrations. New York: D. Appleton & Co., 1890. For sale by Robert Clarke & Co. Price \$3.00.

Last year one of the most acceptable books that came to our table for review was one on *Animal Physiology*, by Dr. Wesley Mills. We are now favored by the same author with a companion volume on *Comparative Physiology*. The theme of this work is new, and yet of the greatest importance to members of both the medical profession and veterinary surgeons. Until within the past year there has been no book in the English language on or pertaining to animal physiology, so that the author worked entirely in fallow ground, and right well has he tilled the field.

All that relates to reproduction and breeding of inferior animals is of such vast financial importance as to command the attention of multitudes of men who will direct many young men in the pursuit of knowledge in this direction who otherwise think of the medical profession or some other business pursuit as the work of their lives. It would undoubtedly be a good thing on the part of many medical students to turn their attention to veterinary surgery as a future occupation. Large stock-yards require skilled veterinarians all the time, as well as other corporate companies that are engaged in express and transfer business. The author pertinently says the time has certainly come when medicine must leave the narrow ruts within which it has been confined, and become essentially comparative; and unless the student is infused with the broad comparative spirit in the earlier years of his studies, and guided accordingly, there is no sure guarantee of final success in the widest sense.

A careful examination of this work enables us to congratulate not only the author on its production in so complete a form, but also all students of biology

and comparative physiology in their being placed in command of so scientifically excellent a work as the one under consideration.

A MANUAL OF MODERN SURGERY:
An Exposition of the Accepted
Doctrines and Approved Operative
Procedures of the Present Time.
For the Use of Students and Prac-
titioners.

By JOHN B. ROBERTS, A.M., M.D. With more than 500 illustrations. Philadelphia: Lea Brothers & Co., 1890. For sale by Robert Clarke & Co. Price \$5.50.

Taking up this good-sized volume and reading the title, a thought and inquiry flits through our mind as to why and what can be the call or necessity for another new work on surgery. While the author does not very clearly furnish us with an answer to the query and thought, he has certainly given us a work that is concisely written, well illustrated, and that graphically illustrates the most recent and improved methods used in the practice of surgery. Nor do we forget, in glancing through its pages, that the work on surgery that was written even half a decade ago is not up with the times, or able to meet the wants of either teachers, practitioners or students of this important branch of our art. Professor Roberts has done a good work in giving us this product of his pen, wherein there is an elimination of a quantity of dead wood that cumbered so many works on surgery, and produces a volume that is handy for size and sufficiently explanatory for the student as well as general practitioner of medicine and surgery.

**MEDICAL DIAGNOSIS, WITH SPECIAL
REFERENCE TO PRACTICAL MEDICINE:**
A Guide to the Knowledge
and Discrimination of Diseases.

By J. M. DA COSTA, M.D. Seventh edition. Revised. Philadelphia: J. B. Lippincott Co., 1890. For sale by Robert Clarke & Co. Price \$6.00.

Rarely—indeed, if ever—has a work of the character of this been received by the entire medical profession with such universal approval. When first issued, in 1864, it supplied a vacant

place in our literature in this form. Succeeding editions to the present one have kept the work right abreast of the times, and, like its predecessors, we warmly welcome this to our shelves, as we know thousands of other doctors will do when they read the announcement that the seventh edition is out and on sale.

A DICTIONARY OF PRACTICAL MEDICINE.
By Various Writers.

Edited by JAMES KINGSTON FOWLER, M.A., M.D. Philadelphia: P. Blakiston, Son & Co., 1890. For sale by Robert Clarke & Co. Price \$5.00.

This work is a convenient-sized volume of nearly one thousand pages, in which a number of London practitioners contribute brief but excellent definitions of the more important subjects comprised under the head of practical medicine, including diseases peculiar to women. In the selection of subjects and the order of description practical utility has been successfully aimed at. It will be regretted that surgical subjects have been excluded.

The method adopted by the editor in his compilation has been the popular encyclopædic plan, which furnishes the reader with the most valuable recent productions of leading writers on given limited subjects. For students and physicians with limited means, such works as this are the most useful that can be obtained for a small sum of money.

**TRANSACTIONS OF THE AMERICAN
SURGICAL ASSOCIATION. Vol. VIII.**

Edited by J. EWING MEARS, M.D., Recorder of the Association. For sale by P. Blakiston, Son & Co., Philadelphia.

To say this volume is in keeping with the high character of its predecessors is sufficient commendation of a very superior work. This surgical society is one of the leading specialty organizations of our country, numbering in its membership many of the leading surgeons of the large cities. To the annual meetings are brought papers that illustrate the advances made and the very best work of those who belong within its charmed fold. As noted above, the papers and discussions re-

corded in Vol. VIII. are right up with the latest knowledge of our art, and worthy of their authors.

MASSOTHERAPEUTICS, OR MASSAGE AS A MODE OF TREATMENT.

By WM. MURRELL, M.D. Fifth edition. Philadelphia: P. Blakiston, Son & Co., 1890. For sale by Robert Clarke & Co. Price \$1.50.

Scarcely a year has elapsed since we had occasion to notice this convenient and useful little work by Dr. Murrell on massage. On this subject it is beyond question the best monograph published. In the present edition we notice several new illustrations; the text has also been carefully revised.

TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATIONS. Twenty-second Annual Session, held at Ft. Worth, April 22, 23, 24 and 25, 1890.

This a good-sized volume of proceedings that is highly creditable to the profession of the State of Texas, and it is praiseworthy of Dr. F. E. Daniel, the

very efficient secretary, who has had charge of its production. The Association is numerically large, and for successful work is divided into sections very much after the working plan of the American Medical Association.

MEDICAL COMMUNICATIONS OF THE MASSACHUSETTS MEDICAL SOCIETY. Vol. XV, No. 1, 1890.

This is quite a portly pamphlet, containing the annual discourse by Dr. James C. White, taking for his subject the "Relations of the Society to Medical Education." A lecture by Dr. Geo. B. Shattuck on "Influenza in Massachusetts;" "Epidemic Influenza and Insanity," by Dr. A. H. Harrington; "The Care of the Insane in Local Institutions," by Dr. Albert R. Moulton, are leading papers, that are alike creditable to the authors and to the society of which they are lights of no mean power. Such men taking a lively part in the proceedings of any medical society make all else pertaining thereto a success.

Champagne ANALYZED

Of Interest to all Medical Practitioners.

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R. OGDEN DOREMUS, M.D.
F. W. PAVY, M.D., F.R.S.

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MEDICINE AND SURGERY.

New Series Vol. XXV.

CINCINNATI, November 8, 1890.

Whole Volume LXIV.

Original Articles.

ALCOHOLISM:

A CONSIDERATION OF THE SYMPTOM-
ATOLOGY WITH REFERENCE TO THE
PATHOLOGICAL ANATOMY.

BY

A. B. RICHARDSON, M.D.,

CINCINNATI,

Late Medical Superintendent Athens Asylum
for the Insane, Athens, O.

For convenience of description, and to impress the points which it is desired to discuss in this paper, I have thought proper to divide the subject into four parts, or in other words, to consider the disease under four forms.

These four forms or stages are: the status inebriosum, or inebriate state; acute alcoholism, which includes both mania a potu or mania ebriosum and delirium tremens; chronic alcoholism; and an intermediate form which has many of the characteristics of the latter, but in pathological anatomy and in prognosis resembles the acute form.

It is not possible, within the limits of one essay, to give an exhaustive description of these forms. The object here will be to limit the review to those features of the disease which have a significance as indicating the seat and nature of the pathological changes.

It will be seen at once that the outline given includes a larger territory than that covered by alcoholic insanity. This is done purposely, and indicates the reason for the use of the term alcoholism instead. Many cases have great interest, psychologically, to the medical profession, and embrace features which it is our duty most carefully to consider, in which the condition of insanity has by no means been reached;

and as we shall see in a consideration of the chronic form, even there there are cases where this classification is scarcely justifiable.

Were I to distinguish any one of these four forms of the disorder as being more important than the others, with greater claims upon us for recognition and careful study, I should name the first. It is that variety in which our efforts give more promise of successful results, and is, besides, far more widespread and more inimical, though more covert, in its influence upon the social organization.

The status inebriosum may be considered to exist in any habitual or periodical user of alcohol as a beverage, when a continuous nutritional modification has been developed in the brain cells, manifesting itself by recognizable and characteristic clinical symptoms. It has no recognized pathological anatomy, though there can be no doubt that the clinical manifestations depend upon a pathological tissue change as characteristic of the disease as are these outward evidences.⁽¹⁾

In the mind developing areas of the cerebral cortex, the most vulnerable point to the influence of alcohol are the brain cells. The circulation of even a small quantity of alcohol in the blood modifies the functional activity of the cell, and therefore, for the time being at least, disturbs its molecular arrangement. Long before any change can be detected by the microscope either in the cell, the connective tissue or the blood-

¹ Some authors, notably Clouston, of Edinburgh, speak of this stage as that of alcoholic degeneration, meaning more especially a degeneration depending upon alcoholic indulgence, exhibiting itself in psychical degeneration rather than in evidence of physical disorder.

vessels, this nutritional modification and consequent molecular change has become continuous, and is removable only by a prolonged abstinence from alcohol.

The exact nature of this molecular change cannot, of course, be determined, but there can be no doubt that it is directly connected with the processes of waste and repair in the cell; while the great similarity of the symptomatology at all stages of the disease permits us to infer that the underlying tissue change in this early stage is similar in character to that which we see in the more advanced stages.

As before stated, the modification in nutrition is not dependent upon the actual presence of alcohol in the blood, but is continuous, and remains for a variable and comparatively prolonged period after the cessation of its use. The existence of this change is shown by a group of symptoms highly characteristic of the effect of alcohol on the mind-forming tissues in all stages of this influence, and relate to the motor and sensory area, as well as the psychical.

The first evidence of this nutritive change is shown in a change in the affective characteristics of the individual. The most delicate and complex functions are the first to suffer. As Maudsley has so admirably put it: "In undoing a mental organization, nature begins by unraveling the finest, most delicate, most intricately woven, and last completed threads of her marvelously complex network."⁽¹⁾

There is, so to speak, a denudation which extends to varying depths of reduction.

In this disorder the first degree of the reduction takes off merely the apices of the prominences in the character-developing areas. Before any mental symptoms become evident, and before the motor and sensory disturbances can be detected, the alcoholic influence is noticeable in a change in the moral qualities of the individual. There is a coarseness in his moral nature. He loses the fine sense of honor, and

the regard for duty which he once possessed. There is a growing disregard for the rights of others, and a loss of that inhibitory force or power of resistance which formerly controlled his desires and gave direction to the motives which lay behind and enforced the activity of his will.

Gradually this change in moral qualities extends to the purely mental faculties, and the individual begins to show a lack of energy, a feebleness of inner-ervation, an inability to readily concentrate the attention and usually more or less impairment of the mental faculties. With these mental symptoms there is a sensory and motor irritability and commencing unsteadiness which shows itself in disorders of general sensation and of the special senses, tremulousness, lethargic movements, and diminished power of endurance. The chief characteristic of both the mental and physical symptoms is the condition of irritability and the explosive and impulsive tendency which is manifested more decidedly in the later stage and more active forms of the disorder. They are the forerunners of these, and show its dangerous character. This is the condition from which crimes against the social organization are so readily evolved, and should serve to remind us that we are, in a very practical sense, the guardians of the public morals, as well as of the public health.

Let us remind you again of the strong tendency of the disorder to extend to the sensory and motor areas of the cortex. It is highly characteristic of the effect of alcohol upon the centres of the pure mental functions, and as we shall see, has a plausible explanation in the pathological anatomy of the chronic form.

Whether this condition will go on to the more fully developed disease, or remain more or less stationary or entirely disappear, will depend upon the environment of the patient and the inherited or acquired tendencies of his brain activities; or, in other words, to the depth of the grooves which have been channeled out, or existed naturally, in the cerebral cortex—represented in habit and predisposition. The victims

¹ While alcohol cannot be likened to any process of nature, the changes it induces do bear much resemblance to the normal involution which proceeds with advancing age.

of alcoholism, which goes to the degree that justifies the designation of alcoholic insanity, do not possess the insane inheritance to so great a degree as do the sufferers from other forms of insanity. Of 344 cases analyzed by Dr. Bevan Lewis, of the West Riding Asylum, Waterford, England, 27 per cent. had the history of insanity among their ancestors. Including epilepsy, all other neuroses and parental intemperance, about 37 per cent., showed the neurotic heritage. It is scarcely to be expected that this form of disorder of mind, so much influenced by environment, education, and the transmission of social customs, should show as large a proportion of cases of insane inheritance as do the more permanent and more distinctly racial forms; but that 27 per cent. show the neurotic taint so decidedly as in the possession of an insane ancestry, should direct the attention of all medical men to a study of the subject of alcoholic intemperance with renewed scientific interest, and a broader sympathy for its unfortunate victims.

No figures can be given which are at all reliable as to the length of time which will elapse after these evidences of nutritional modification have been noted, before the more active disease is developed, or the organic changes reach such a prominence as to justify the diagnosis of the chronic form. The progression may be gradual into the latter stage, the symptoms developing one by one, or there may be a sudden explosion into the form of acute alcoholism, or acute alcoholic insanity. It is well always to bear in mind that the patient is in the dangerous condition of the incipient stage, and that an explosion may occur from any slight additional indulgence or moral shock.

It is not my purpose to go in detail into a description of the symptoms of acute alcoholism. They embrace varieties of mental, sensory and motor phenomena, and in each variety display the same impulsive and explosive tendency which was seen in the prodromic stage. In the mental area this is quite pronounced. If the form is mania, there is a dangerous aggressiveness and a tendency to impulsive outbreaks which

renders it one of the most treacherous and dangerous forms of mental disorder with which the alienist has to contend. If the form is that of melancholia, there is a dangerously suicidal propensity, and the same uncertainty in prognosing the course of the symptoms. One hour they may seem in obedience, while in the next they return with renewed force and severity. No less than 50 per cent. of the cases of alcoholic melancholia have pronounced suicidal tendencies. In the chronic forms even, when the brain is in the condition of atrophy and the mental symptoms show an advanced stage of dementia, the suicidal and homicidal tendency continues and is actually increased in intensity. Sixty-six per cent of these cases were determinedly suicidal, and 83 per cent. possessed dangerously homicidal propensities.

The sensory areas show marked disturbance. Illusions and hallucinations are invariably present, and are usually of a most distressing nature. They are active, fleeting, and, what is peculiar to this form of mental disorder, conspicuously invade the nerves of general sensation and of the visceral system. Tingling, pricking and burning, local anæsthesia and numbness, electric shocks and all sorts of visceral sensations are experienced and give rise to the most extraordinary and diverse delusions in the attempt of the patient to account for the mysterious sensations. These delusive ideas, however, are as fleeting as the illusive sensations which produce them. In the varieties of which delirium tremens is the type, motor symptoms are a prominent feature and display the same irregularity, irritability and explosive tendency which characterize them throughout the disease.

These acute symptoms, under appropriate treatment, and particularly if the attack is the first, will usually rapidly subside and disappear entirely within a few days, leaving the patient apparently in the same condition as before the outburst. This is the usual course, but here also the modification in the nutrition of the brain cell and its molecular disturbance, of which the symp-

tomatology of the prodromic form so loudly spoke, are seen, even more clearly, in the strong tendency to relapse which these cases show. Long before structural change can be detected in the cell, this nutritive perversion induces such an instability and irritability that its functional capacity is greatly modified. Several relapses may occur even before the patient is in condition to be discharged from treatment, and after every new attack following apparent recovery this relapsing tendency becomes more pronounced. These relapses are not always dependent upon the presence of alcohol in the brain and may occur months after the excess which caused the first attack. Thus in one case, mentioned by Bevan Lewis, four distinct relapses occurred during one year, while the patient was in the asylum, and entirely free from the ingestion of alcohol, each attack exactly reproducing the symptoms of the first disorder. In another instance, after a first attack, dependent directly upon alcoholic excess, and from which the patient recovered in a short time, there elapsed a period of nine months during which there was no evidence of mental disorder, yet, after attendance on a series of Salvation Army meetings, there was a violent outbreak of mental disturbance which "reproduced what was previously engendered as the direct result of excessive alcoholic indulgence," showing that "whatever are the centers of the brain, which are prone to disturbance through the agency of alcohol, when once their nutritive equilibrium is upset seriously by this agency, these centers are prone to suffer first in any relapse, whatever be the exciting cause." Could any fact be more significant, or impress more forcibly the necessity of recognizing the influence of this nutritive change and of keeping it constantly in mind in advising as to the future treatment of these patients? The care of this class during the prodromic period, and in the intervals of their acute attacks, should receive more careful study from the medical profession. Sentiment is not the influence to which I would appeal, but the treatment should be outlined on

strictly scientific lines and with the molecular modification of their brain cells constantly in mind. It does not follow that this treatment should be medicinal alone; that would be taking a very contracted view of mental therapeutics. Medicinal agents are of value in most cases, but they must be supplemented by adjustment of environment, re-education of defective faculties, cultivation of corrected motive and direction of desire into the proper channels, all of which are as rightly within the province of the physician, and as vital to his successful management of these cases as is a study of the influence of any agent of the *materia medica*.

This subject is one of such great importance, that I trust I may be pardoned this short digression from the main subject of the essay.

Instead of subsiding promptly and completely, this condition of acute alcoholism may either continue for a considerable period in a more modified form with a diminished intensity of the symptoms, but with a greater impairment of mental capacity, resembling secondary dementia and sometimes amounting to a condition of stupor, and from which the patient slowly recovers only after a period of several weeks or months, or it may pass into the chronic form with permanent mental change and gross organic lesion of the cerebral cortex. The latter course, however, is quite unusual after a first attack, and is seldom induced until repeated outbursts have seriously affected the quality of the blood and the carrying capacity of the blood-vessels of the brain, and greatly increased the interference with the nutrition of the brain cells.

It is the fact of the not infrequent termination of the acute form in the transitional or sub-acute form here indicated, which has induced me to distinguish this as a distinct variety. It scarcely deserves this distinction, but it serves to impress the fact that cases of the acute form may subside into a condition which, at first sight, would be considered evidence of permanent organic degeneration, in which such an unfavorable prognosis is not justified.

It is, of course, highly important to discriminate these cases, both for the welfare of the patient and the reputation of the physician. There are no pathognomonic signs which will distinguish them, but the inheritance of a decided neurotic tendency, a history of paternal intemperance with the frequent recurrence of relapses will render the transition into the chronic form more probable, while the occurrence of fixed delusions and the permanent character of the sensory and motor disturbances preclude a favorable prognosis. Mental enfeeblement alone, or accompanied more or less by changeable symptoms of sensory and motor disorder is usual in the subacute variety, but if the mental enfeeblement is persistent, with no occasional rifts in the clouds, and is accompanied by equally persistent sensory and motor symptoms, the chronic form is to be feared.

The first outline of chronic alcoholism, as a distinct morbid entity, was given us by Dr. Magnus Huss, a Scandinavian, in 1852. Von der Kolk in Holland, Magnan in France, and Carpenter and others in England, have added definiteness to his description and given the disorder the prominent position which its destructive influence on the human race demands. Dr. Bevan Lewis, in his recent work on mental diseases, with his characteristic accuracy and thoroughness, has contributed valuable information in his researches into its pathology.

While alcohol has a deleterious influence on almost every tissue of the body, it has a particular affinity for nervous tissue and, as demonstrated by Dr. Carpenter, is found in proportionally largest quantity in the brain.

When the functional disturbance, described as existing in acute alcoholism, becomes mingled with the evidences of gross organic changes in the cerebral cortex, chronic alcoholism begins. From this it can be readily seen that there is no high dividing wall that separates this form from those which precede it. The transition is always more or less gradual, and it is almost impossible to tell when the point is reached at which gross organic

lesions may first be found. There is usually a diminution in the intensity of the symptoms of functional disorder, but they become more fixed and permanent. As in the other varieties, they embrace disorder of the purely psychical areas, as well as of the sensory and motor fields. Delusions become more permanent, there is not so evident a causal relation between these and the disorder of the sensory areas, while the hallucinations and illusions occupy a more subordinate position in the symptomatology. A graphic picture might be drawn of the moral deterioration, the mental disorder and the sensory and motor perversions, but time will not permit, and it will suffice to call attention to the fact that these four elements are combined in a manner highly characteristic of this disease, distinguishing it from all others and pointing to a pathological anatomy equally as distinct and peculiar. The grosser character of the pathological changes are also seen in the gradually increasing depth to which the reduction reaches as the denudation proceeds. There is the same instability and impulsive tendency which was noted in the previous forms, modified more frequently, however, by the gradually increasing mental enfeeblement.

The three elements of amnesia, delusional perversion and dementia combine to give rise to a great variety of cases, according to the predominance of either element. The amnesic variety is that which lies on the "border land between disordered function and real structural change."⁽¹⁾ The delusional form is much more frequent and is a most interesting variety, in which the destructive invasion of the sensory and motor areas is clearly seen. All cases of chronic alcoholism are not chronic alcoholic insanity, for disturbance of the sensory area, with absence of disordered psychical phenomena, sometimes occurs, and the point at which this merges into the mental disease is an interesting question, not always easily determined in a study of the patient's responsibility. The character-

1 Bevan Lewis, "Mental Diseases," p. 309.

istic feature is the tendency of the disturbance in the psychical and sensory fields to invade the motor area, causing what has been aptly described by Bevan Lewis as a "disorder of the motor realms of the mind."

Before passing to a description of the pathological changes, let me call attention again to the fact that the symptomatology of all the varieties mentioned shows a similarity which is strikingly significant, and, though gross lesions are found only in the chronic form and occasionally in cases of the acute variety, points to a similar pathology in all. That there are not gross lesions found in the more recent stages simply shows that the point of functional disturbance is reached before the structural changes become so extreme that the microscope can detect them. The symptoms point to a disease of the same tissues, and demonstrate its existence as certainly in the light of the changes found in the chronic form as if the molecular changes were manifest to the microscope.

This paper is already too long, and in my description of the pathological changes I will be compelled to limit my remarks to the changes noted in the cellular elements of the cortex and the blood-vessels. Interesting and characteristic changes are also noted in the blood and in all the other portions of the nervous system, but they must be omitted. It must also be assumed that the later indications of physiological research pointing to special motor cellular elements and their particular localization are understood and accepted, a strongly corroborating evidence of which is found in the pathology of this disease, as well as in that of general paralysis of the insane.

It is probable that the pathological changes are to be detected first in the blood-vessels. The vessels of the pia, the short vessels extending from it into the epicerebral space and into the outer layer of cells, the long straight vessels dipping down through the intervening layers to reach the ganglionic and spindle cells of the fifth and deeper layers, as well as the vessels of the white substance reaching upwards from

below, all show great structural change and evidences of degeneration. They are enlarged, more tortuous, irregularly dilated and sacculated, their walls are thickened and give evidences of atheromatous and fatty degeneration, the perivascular sheath is distended by lymphoid elements and the nuclei of the sheath have undergone fatty degeneration, often remaining only as a series of oil globules. The vessels are enormously and unequally distended, showing aneurismal dilatations, fusiform in shape, and their walls show great proliferation of nuclei. These changes are particularly noticeable in the long straight vessels of the pia where they dip down into the lower layers. Along the course of the vessels spider or "scavenger" cells, as they are so aptly named by Bevan Lewis, are accumulated, forming a perfect network of fine fibrillary prolongations about the vessels and in the outer portion of the most superficial layer of cells, immediately beneath the pia.

The nerve cells particularly affected are those of the first and fifth layers of the cortex, and especially the latter, which are often found degenerated when even the cells of the first layer show no signs of disease. The cells of the second and third layer usually escape almost entirely, or show but little indication of the degenerative process. There is usually some implication of the fourth layer, but nothing characteristic. In the fifth layer are found the large ganglionic cells, which are grouped so characteristically and abound so extensively in the motor area of the cortex that they may be reasonably held to be motor in function. In the motor areas particularly, but not exclusively, for the indications are found generally throughout the cortex, these ganglionic cells are found undergoing granular and fatty degeneration. Their prolongations have been rounded off or have entirely disappeared. This is especially true of the apical process, which connects these cells with those of the first layer. This has very generally disappeared entirely and may be much swollen and distended for a short distance from the cell, then suddenly diminishing in size and soon

disappearing from view entirely. Scavenger cells abound particularly in proximity to the blood-vessels, and are found in all stages of development, from the young cell to those filled with granular and fat globules and to others which have begun to liquefy and disappear. These evidently prey upon the normal tissues of the cortex, and are the vehicles through which the products of the degeneration are removed, they themselves then undergoing liquefaction and removal, leaving the brain in the sclerosed condition which results from the preponderance of the connective tissue elements. The lower process of the ganglionic cells, which becomes the axis cylinder of an efferent nerve, is quite persistent, as axis cylinders usually are wherever found, though they are considerably changed in character. As they enter the white substance they are seen to be without their medullary sheath, are irregularly swollen and show numerous fusiform enlargements. The spindle cells of the lower layers also show considerable granular and fatty degeneration.

These degenerative changes in these particular localities is a most interesting pathological fact, and taken in connection with the evidence of motor disorder which characterize the disease, are most instructive.

Briefly summarized, then, the pathology of this disease may be stated as follows: a neurotic tendency, either inherited or developed, predisposes the vascular system of the brain to the degenerating influence of alcohol, determining the affection of the vessels in this locality in greater degree than in the other organs of the body.⁽¹⁾ The circulation of the alcohol in the nutrient fluid of the brain cells modifies the processes of waste and repair in them and disturbs their molecular arrangement. The directly irritant effect of the alcohol on the internal coats of the vessels produces a con-

dition of inflammation and subsequent degeneration. These changes extend slowly to the external coats and the peri-vascular sheath, and finally both directly and indirectly cause the degenerative changes in the cells themselves. These destructive changes approach the cortex from both the exterior, leading to the degeneration of the outer layer of cells, and from the interior, affecting the two or three deeper layers. The anatomical and physiological connection between the cells of the fifth and first layers, if accepted, would be an additional explanation of their frequent association in disease, noted not only in this disorder, but also in general paralysis, and gives us a plausible theory by which to account for the striking combination of symptoms which characterize the two diseases and the many points of similarity in their manifestations. Assuming further that the apical processes of these motor cells are their sensory connections, may we not liken the irregular, unstable, and impulsive character of the motor symptoms to the increased myotatic irritability of the motor cells of the spinal cord when separated from the controlling influence of the higher centres? It cannot be mere chance which shows, as demonstrated by competent pathologists, the destructive changes described, in these particular localities, in two diseases with such characteristic symptoms as are seen in chronic alcoholism and general paralysis of the insane. Is it possible to infer that irritation of the sensory and ideational areas is connected with irritative processes in the more superficial layers of brain cells in those regions, while the symptoms of motor irritation are due to similar changes in the ganglionic and spindle shaped cells of the deeper layers? As the process of destruction proceeds, the symptoms of deterioration predominate. Dementia, diminished sensibilities, and paresis take the place of the symptoms of irritation, and the autopsy reveals the gross destructive lesions of these respective areas. The prominent element distinguishing the pathological changes of the two diseases mentioned is that of time. The changes

¹ This neurotic tendency does not, we may reasonably infer, depend upon any structural peculiarity of the vessels themselves, but upon molecular peculiarities of the cellular elements, which these vessels supply with nourishment.

in general paralysis are much more rapid. The inflammatory process in the blood-vessels affects especially the outer layers and the perivascular sheath, and is rapidly communicated to the cell, while in chronic alcoholism it is confined longer to the internal coat, and the nutrition of the cells continues longer unimpaired to the degree which causes destructive change.

136 W. Eighth Street.

SYSTEMIC DEGENERATION OF THE SPINAL CORD.

REPORT OF A CASE.

A Paper read before the Cincinnati Medical Society, October 14, 1890,

BY

G. F. SUDHOFF, M.D.,
CINCINNATI.

John R., aged fifty-seven years; married; butcher.

Family history: Father quite old and healthy; mother dead, cause unknown; one brother and one sister alive and well.

Patient was seen by me on May 12, 1890, for the first time, when I obtained the following history:

Says he has always been strong and healthy until ten years ago.

Was a soldier in our late war and suffered much from exposure to cold and wet, lack of food, etc.

Denies all venereal affections.

Ten years ago, while working at his trade, that of a butcher, he began having wandering pains in the arms, legs and body generally, aching in character and not very severe; this he called rheumatism, and attributed it to the nature of his occupation. These symptoms continued until about five years ago, when he had a more acute attack of pain in his right shoulder, which confined him to bed for several days. Under the use of hot applications the pains soon subsided, and the patient again returned to work.

About this time his wife noticed a slight defect in his speech, having some difficulty in articulating certain words, and was compelled to speak slowly in order to make himself understood. This

difficulty has become much more pronounced since last spring.

The aching pains soon returned, first in the left, then in both arms, gradually extending to the lower limbs, when he ceased to speak of the pain in his arms and only complained of his legs. Pains were always dull, aching in character, never lancinating. These pains have gradually subsided.

With the commencement of pains in the arms there was great weakness, so much so that he frequently quit work on account of them, and two years ago gave up his occupation as butcher and worked on the street as a laborer. This he continued to do at variable periods until last April, when he was compelled to quit work entirely.

The loss of power soon extended to the lower extremities, and became so marked that he fell frequently on the street while at work; at other times he would steady himself on the implement with which he worked.

As the weakness of the extremities became pronounced there was decided tremor of the head while walking; this has gradually subsided. Last winter he had tremor of the hands, so that he could not hold things steady. There was never any tremor of the lower extremities. The fingers became stiff, and often he could not extend them without the use of the opposite hand.

No history of any mental changes. Intellect and memory seem normal. Sleeps well. He has occasional headache, but never pronounced.

In the early stages of his disease he attached very little importance to his ailment—would not even consent that many symptoms existed.

Within the last three or four months he has complained of numbness in the legs below the knees, with tingling and formication. Has burning of the soles at times. Formication has also been a prominent feature about the head and neck.

About four or five months ago he began to have difficulty in swallowing liquids; this, however, has improved of late. Taste was also much impaired, as he complained of everything tasting salty.

One month ago he complained of extreme weaknesses of the eyes, with profuse lachrymation; this, however, has given him very little trouble for the last two weeks.

He never had any cough, but complained frequently of the free secretion from the nasal mucous membrane.

Temperature has always been normal. Pulse 76.

Appetite good. Bowels inclined to be constipated. No gastric crises.

Micturition normal.

Urinalysis: Color, amber; sp. gr., 1020; reaction acid; no albumen; no sugar.

PHYSICAL EXAMINATION.

Patient well developed but poorly nourished, there being considerable general emaciation. Weight, formerly 175 pounds, now 155 pounds; height, 5 feet 10 inches.

Head.—There is marked want of expression in the face; lines of expression less marked and an apparent stiffness of facial muscles. Some paresis of the right side of the face. No tremor. No more atrophy of facial muscles than is noticeable elsewhere.

Sight is good, as he reads without glasses; only complains of fatigue after reading a while. Some conjunctivitis. Pupils contracted, equal, but respond slowly to light and accommodation. Ophthalmoscopic examination: Disc somewhat paler than normal; arteries small; veins enlarged; tension of eyes normal.

Hearing and smell appear normal.

Tongue, when protruded, is free from tremor; shows no deviation to either side, but the tip cannot be extended in a straight line, but is directed downwards and backwards.

Taste impaired; says everything tastes salty. Swallowing not as difficult as some time ago.

Speech slow and approaches the scanning variety, though the syllables are not separated. There is an occasional elision of the terminal syllable or sound, and he uses much care to articulate distinctly, as though he had not full command of his tongue. Labial sounds are pronounced distinctly and

lingual sounds fairly well. No loss in memory of words.

Chest.—Well developed, but some atrophy of muscles, which, however, is not localized to any particular region.

Lungs and heart show no evidence of disease.

Abdomen negative.

Extremities.—Muscles of shoulder, arm and forearm somewhat atrophied, but not more than would be expected from disuse. The hands, however, are decidedly atrophied, the interossei and the muscles of the thenar and hypothenar eminences having largely disappeared. The fingers are stiff, standing out from each other and straight from the hand to the first inter-phalangeal joint, the ends of the fingers being flexed. Forearm is somewhat flexed and the hands inclined to the ulnar side. Fibrillary twitching of the muscles of the arm and forearm may be seen at all times, and they are rigid even when an attempt at movement is made. Power in the hands much diminished. Dynamometer test: Right hand moves needle to 40; left to 30.

Lower extremities show no decided atrophy, but the same rigidity and fibrillary movement present as in the upper extremities.

Gait: His gait shows a decided weakness of the thighs, with a spastic condition in the legs. When sitting on a chair he cannot assume the erect position without holding on to some object, usually the sides of the chair. He stands erect for a moment, as if to balance himself, then walks off at a rather unsteady gait, keeping his feet apart and raising the left leg and foot more than the right, the right knee being only slightly bent, while the foot is raised but little, allowing the toe to touch at times, the foot being brought down flat on the ground. Forearm and hand always flexed. The patient's greatest difficulty is in going up and down stairs, when he turns his side to the front while he holds on to the banister with both hands; the feet appear stuck to the steps, and he drags them from one step to another. He stands with eyes closed and feet together without much difficulty, and

darkness has very little effect on his trouble in locomotion.

Sensation: Tactile sensation and sensibility to pain are somewhat diminished in both upper and lower extremities.

Reflexes.—All reflexes are decidedly increased.

Upper extremities: In the upper extremities contractions are readily produced on tapping the tendons of the wrist on either side, the tendons of the triceps or biceps, or the body of the muscles themselves. On extension or flexion of the elbow there is noticeable a jerky movement, which, however, is not marked, as he carries a glass of water to his mouth without much trouble.

Lower extremities: Here the reflexes are even more exaggerated than in the upper extremities. On extension or flexion of the knee a marked jerky movement is noticeable. Tapping the extensor muscles of the thigh quickly extends the leg. Patellar reflex markedly increased, so that tapping the tendon on one side produces a contraction on the opposite side as well. Ankle clonus well marked, forcible flexion of the foot producing a series of contractions in the gastrocnemius of the opposite side.

Electrical reaction—Face: Faradic—Response to faradic current diminished on right side, normal or slightly exaggerated on the left. Galvanic—Response to galvanic current somewhat increased, especially on the left side.

Arms: Faradic—Slightly diminished in the arms, lost in the hands. Galvanic—Diminished in the arms, lost in the hands.

Legs: Diminished response to both faradic and galvanic currents; more marked on the right side.

Writing test: Writes fairly good hand, letters distinct; experiences no difficulty in making letters with continuous curves, or in remaining on the line.

Movement test: No difficulty in locating fixed points with the eyes closed, such as touching the tip of the nose with his finger, or a point on the opposite hand, etc.

CHIEF POINTS OF INTEREST.

The points of interest to which I wish to call your attention are:

1. Successive inception and slow progress of separate symptoms.
2. Prodromal rheumatoid pains, which gradually disappeared as disease progressed.
3. Gradual loss of power in the extremities, commencing in the arms.
4. Local atrophy of the hands, alike on both sides.
5. Decided exaggeration of myotatic irritability in the upper and lower extremities.
6. Absence of any disorder dependent on lesion above the medulla.

DIAGNOSIS.

All the symptoms indicate a degenerative disease of the nervous system, probably systemic in character.

Diagnosis lies between the following diseases, and may be made by exclusion:

1. Locomotor ataxy.
2. Disseminated sclerosis.
3. Primary lateral sclerosis.
4. Progressive muscular atrophy.
5. Amyotrophic lateral sclerosis.

1. Locomotor ataxy. The difficulty in locomotion may lead one to suspect locomotor ataxy, but this may be excluded when we recall some of the prominent symptoms in the case before us—exaggerated reflexes, no loss in co-ordination or difficulty in standing with the eyes closed, no gastric crises or lightning pains in the legs, no eye symptoms, etc.

2. Disseminated sclerosis may be excluded by the absence of some of the most prominent symptoms of that affection—absence of tremor on making voluntary effort, no nystagmus or inco-ordination, limitation in this case of bulbar symptoms almost entirely to motor nerves, and symmetrical involvement of both sides of the body.

3. Primary lateral sclerosis may be next considered. This disease begins in the legs, while the case before us began in the arms. The absence of spastic gait and the presence of local atrophy, alteration in electrical reaction and rheumatoid pains will, I

think, be sufficient to exclude this rare condition.

The exclusion of the foregoing diseases limits the diagnosis to either (1) chronic muscular atrophy or (2) amyotrophic lateral sclerosis.

The term chronic muscular atrophy indicates at once the prominence local atrophy holds to this disease. It is due to a degeneration of the ganglionic cells in the anterior cornua at the cervical enlargement and in the cells in the gray matter of the bulb. The progress, however, is rapid; it attack groups of muscles, leads to characteristic deformity in places, especially the hands, while the degenerative changes in the lateral columns are only secondary, just the opposite condition to the case which I present.

In this case there is evidence of only a slight amount of degeneration, and this limited to a few cells in the anterior cornua at the cervical enlargement and in the center of the gray matter in the bulb, while the evidences of degeneration of the pyramidal tracts are so prominent that I am inclined to accept the classification of Charcot, who designates these cases as amyotrophic lateral sclerosis, or degeneration of pyramidal tracts with limited complication of the anterior cornua in certain areas and a secondary atrophy of the muscles corresponding thereto.

I offer the case here to-night for two reasons: (1) The prominence that systemic diseases of the cord have attained of late years, and (2) the relative infrequency of this particular form of degeneration.

[FOR DISCUSSION SEE P. 572].

GARGLE FOR TONSILLITIS.

The following prescription for the treatment of tonsillitis is quoted by the *Canada Med. Record*.

R Ammoniated tinct. of gualiac } of each 4
Compound tinct. of cinchona } drachms.
Potassium chlorate 2 "
Honey 4 "
Powdered acacia q. s
Water . . sufficient to make 4 oz. — M.

Use from one-half to one teaspoonful as a gargle every two hours.

Society Reports.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of October 14, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. T. V. FITZPATRICK reported a case of

Disease of the Antrum of Highmore.

The case which I wish to report is one of disease of the antrum of Highmore, in a male, white, aged forty-two years; individual and family history good.

He noticed about three weeks ago that his left cheek had suddenly become sunken to such a degree as to be noticeable to the members of his family.

He has had an offensive discharge from the nose for some years, for which he has received no treatment.

He is now suffering with an attack of acute rheumatism, which prevents his being present to-night. I regret that he cannot be here, as the deformity is so marked as to be indicative of the nature and location of the disease.

Upon examination of the nose I found the turbinated bodies to be greatly hypertrophied. I sprayed the parts with a 4 per cent. solution of cocaine, which was followed by a considerable contraction of the mucous membrane. There was now to be seen a thick yellow mucus issuing from the middle meatus, distinctly different in character to the surrounding secretion.

There has been a sense of fullness in the infra-orbital region, associated with more or less pain for several months. But little tenderness and no crepitus is produced by pressure.

This is clearly a degenerative disease of the antrum of Highmore. The anterior wall has become so atrophied as to produce this sunken appearance.

His rheumatic condition has pre-

vented any treatment beyond spraying the nose with a disinfectant solution. I shall, as soon as he is able, make an opening through the inferior meatus into the antrum and thus establish free drainage.

For the purpose of making the opening I shall use a burr attached to an electrical engine. The bony wall is thin at this point, and therefore easily punctured. No harm can follow from making a fair-sized opening into the antrum on account of the admission of air, as this is an air cavity.

One of the chief predisposing causes of antrum disease is the rheumatic diathesis. Of the three cases of the disease which have come under my observation, each had suffered more or less constantly with rheumatism. Another predisposing cause is a preëxisting catarrhal condition of the nasal mucous membrane, especially that type known as hypertrophic rhinitis. This affects the antrum by occluding the osteum maxillari, and thus produces a hyperæmia of the mucous membrane of the cavity. The secretions are retained, and sooner or later undergo decomposition. Nasal polypi act in the same way.

I have no doubt that this affection occurs more frequently than has been supposed. Not until some severe subjective symptom, as pain, has supervened, does the patient apply for treatment, and then perhaps the case may be diagnosed infra-orbital neuralgia.

My reasons for supposing that it does occur rather frequently are the frequency with which we meet hypertrophic catarrh, nasal polypi, and those conditions which operate to produce catarrhal processes in other parts of the body.

The diagnosis is not always easily made. The subjective symptoms are so slight at first as to be considered of little consequence, and not until some marked disturbance of the facial features has supervened does the patient apply for treatment.

However, the following symptoms are usually present from the beginning, though slight at first: A sense of weight and fullness, associated with

more or less pain. The teeth are often very sensitive on the affected side, on account of the close relative position of the dental nerves. A unilateral discharge of pus or muco-pus is also highly suggestive of disease of the antrum.

This, however, must be differentiated from specific rhinitis, diphtheria, neoplasms and foreign bodies in the nose. The differentiation usually can be accomplished by spraying the nasal fossa on the affected side with a 4 per cent. solution of cocaine. If there is disease of the antrum the discharge will be seen issuing from the middle meatus, of a thick yellow purulent character, distinctly outlined from the surrounding secretions. If neoplasms are present, the secretion should be removed and the patient placed in the recumbent position on the unaffected side for ten minutes, if a discharge of such a character as before described should be found in the locality of the orifice of the antrum.

The most important feature is the evacuation of the contents of the cavity. This may be accomplished, as was formerly almost universally done, by puncturing through the alveolar process of the superior maxillary. An opening through this region would, of course, establish free drainage, but the difficulty is to maintain the free drainage. The best point, however, and one free from any unpleasant consequences, is to make the opening in the inferior meatus. The opening can easily be maintained in this region. Various instruments have been invented to accomplish this, all possessing points of excellence. I prefer the burr, conoidal in shape, a quarter of an inch in diameter. It makes an opening quickly, almost free from any hemorrhage, and sufficiently large to admit of free drainage.

The after-treatment consists in cleansing out the cavity, which may be accomplished by a small rubber catheter and a small aspirator apparatus. However, free drainage usually results in recovery.

DISCUSSION.

DR. THORNER: The case reported this evening seems to be one of necrosis of the anterior wall of the antrum. I

will confine myself to a short consideration of the modern treatment of empyema of the antrum. This disease has been recognized of late much more frequently than in former years, owing, no doubt, to our improved means of diagnosis. There are quite a number of symptoms which may aid in making the diagnosis, but many of them may be missing entirely. Swelling and tenderness over the maxillary bone, which was formerly considered one of the chief symptoms, is present only in exceptional cases. Supra- and infra-orbital pain, pain in the forehead, sensation of fullness over the antrum, hyperæmia of the conjunctiva, are present in some cases. One of the most common symptoms is purulent, and sometimes offensive, discharge from *one* nostril. This is frequently indicative of suppuration in the antrum, when no other nasal disease can be made responsible for it, or when an existing disease has been properly treated without change in the purulent discharge. This pus is mostly found in the middle meatus. Sometimes the nose is free of pus in the morning, after the patient has been in a reclining position during the night, and begins to be discharged again during the day. Valuable signs are also the increase in the amount of pus after the patient has had his head hanging downward and forward for a while and after inflations of air into the nostril. Toothache and swelling of the gums may be present. A very valuable addition to our diagnostic means is the translumination⁽¹⁾ of the antrum. It is done in the following way: The patient takes this little incandescent lamp, which is Heryng's modification of those that were first used by Voltolini, into his mouth, you will notice that the lamp is made perfectly globular, and rests upon a small ivory plate to protect the tongue. Then the current is turned on, when the bones of the face become beautifully lighted up, and, looking into the nasal cavity, we find it fully illuminated. If there is an empyema of the antrum, the corre-

sponding side of the face remains dark. This is, however, also the case when there are tumors in the antrum, when the bone is exceptionally thick, etc. The absence of the illumination alone is not, therefore, an absolute sign of an accumulation of pus in the antrum; but it is a valuable aid together with other symptoms present. Dr. Brown, of Chicago, recommends the injection of a solution of peroxide of hydrogen into the hiatus semilunaris, and finds that it is a great help in ascertaining a diagnosis.

As to the causes of this affection, there seems to be no doubt that the most common one is caries of the teeth; a few cases, however, have originated in the removal of teeth. Other causes are obstruction of the maxillary orifice by polypi; hypertrophy of the turbinated bodies; other nasal diseases (by contiguity), syphilis, tuberculosis and influenza; caries of the bones.

The treatment must be, of necessity, surgical in most cases. There are a number of different methods, which all have their advocates. Many of the operators extract a molar tooth and open the antrum through the socket, which is readily done by means of a trocar or a drill. If the tooth is badly affected it is certainly a good way of operating, but to sacrifice a healthy tooth appears to be not justifiable; in such cases some operate through the alveolar ridge between two teeth, but there is danger of injuring the roots of both teeth. Although free drainage may be obtained in this way, there is great inconvenience from particles of food entering through the opening into the antrum, and it requires special devices to prevent this. Another method is to gain an opening to the antrum through the canine fossa. This method is used by a number of operators, but is open to the same objection as the operation through the alveolus; it is difficult to keep particles of food from entering the cavity through the opening, and requires a special small tube, made by a dentist, to keep it open. The antrum has also been treated through the natural orifice, for which purpose Hartmann devised special small canulas; but you will readily see

¹ I follow the suggestion of Dr. Freudenthal, of New York, in using the word *translumination* instead of *transillumination* for the German term "Durchleuchtung."

that this way of treatment is very difficult, and few resort to it.

The method which I think is the best is that of Mikulicz, who operates through the nasal wall of the antrum in its deepest portion—that is, below the inferior turbinated bone. His instrument was simply a strong triangular knife attached to a steel shaft at a right angle. The instrument I show you here is a curved trocar, used by Krause, of Berlin; after having opened the antrum with it through the inferior meatus, and the pus allowed to escape, the cavity is cleansed by syringing it with a warm antiseptic solution. The after-treatment is done by reintroducing the canula again into the opening, which is greatly facilitated by using the pilot that belongs to this trocar. One may use either antiseptic solutions or powders for the after-treatment. For the latter the ordinary powder-blowers are not to be recommended, because they throw the powder in one lump: the best arrangement is that where the powder is distributed in the shape of a cloud, as it is done in Kabierske's insufflator. Whilst I formerly operated always through the alveolus, I would now, in most cases, prefer this method. The powders usually employed are iodoform, iodol, sozoiodol and aristol. In one case, where empyema of the antrum had existed for years, and where I operated in this way, the suppuration ceased entirely after a treatment of four weeks' duration.

In conclusion, I want to say that, for the purpose of examining with translumination, the room must be absolutely dark.

DR. J. A. THOMPSON: The objection made by Dr. Thorner to the method which attempts to evacuate an abscess of the antrum through the natural orifice is certainly a valid one. The orifice is difficult to find, and is too small to permit thorough cleansing. I am treating a case now of syphilitic disease of the nose where the left antrum is involved. The septum is destroyed, and the turbinated bodies so atrophied that it is easy to see the opening. But a very small tube blocks it, so that it is difficult to wash out the discharge.

In the case reported by Dr. Fitzpatrick it will probably be easy to make a perforation for drainage. Where the outer wall of the antrum is wholly or partly necrosed, even the knife that divides the soft tissues will penetrate the cavity. In a case referred to me by Dr. W. H. Taylor some months ago the abscess had penetrated both the anterior and inferior walls of the antrum. The pus was evacuated by a small cut through the soft tissues in the roof of the mouth. For irrigation the upper lip was everted and a cut made through the gum above and within the root of the incisor tooth. The bone was so thin that a very few turns of a drill made an opening large enough to permit the antrum to be washed out and explored with a probe. The opening in this situation is a very convenient one for the patient, as he can easily see where to insert the tip of a syringe to wash out the cavity.

DR. GEO. F. SUDHOFF reported a case of

Systemic Degeneration of the Spinal Cord (see p. 569).

DISCUSSION.

DR. A. B. RICHARDSON: I was asked by Dr. Sudhoff to see this patient with him, about two months ago, and have made three or four examinations of him at various dates since.

The case is an interesting one, and serves to demonstrate the difficulty so frequently encountered in attempting to make cases of cord disease conform to an arbitrary classification.

You will note that the symptoms in this case arrange themselves naturally into three groups: those indicating lesion of the collection of gray matter in the bulb; the muscular atrophy, showing a degeneration of the ganglionic cells in the anterior cornua of the cord; and those showing degenerative disease of the upper segment of the pyramidal tracts. Of these the latter are by far the most prominent, while the atrophy of the muscles is quite limited; and since the case has been under observation, has been almost stationary. The bulbar symptoms are not very prominent, but as far as they exist, conform to the usual course of bulbar

disease; that is, they commenced in the hypoglossal nucleus and seem to develop about this as a center, extending gradually to the lower fibres of the facial, to the spinal accessory and to the glosso-pharyngeal. These bulbar symptoms are not uncommon complications, both of chronic muscular atrophy and of lateral sclerosis, and it might be a question as to which of these diseases should claim this case. I am inclined to believe that the relative prominence of the symptoms justifies its classification as a form of the lateral sclerosis rather than the former.

Some authors, it is true, make such a classification of chronic muscular atrophy as would unquestionably include this, (Gowers for instance), but I am not inclined to follow that classification. He groups the symptoms of chronic muscular atrophy under three types; viz.: atonic atrophy, usually extensive; little or no atrophy, and limited to the upper extremity, with tendency to spasm and reflexes in the lower extremity; and tonic atrophy, rarely extensive, with increased myotatic irritability. Under this description this case would come under the second variety.

I incline, however, to class it as amyotrophic lateral sclerosis, with the writer of the paper, though the amount of the atrophy is very limited and is almost stationery. It is known that cases of this disease show all degree in the prominence of the atrophic symptoms, and that it may be a question in some, just as I believe it to be here, whether these are prominent enough to justify that classification or whether the case would not rather fall under the primary form of the disease. That I take it is the question here, and the location of the disease will depend upon the significance and relative importance which we attach to this local atrophy.

It might be thought that this case should rather be classed under the disease known as insula, or disseminated sclerosis, as the symptoms point to an affection of more than one system. I do not think such a diagnosis admissible for the following

reasons: there are no evidences of disease of the posterior columns, the sensory symptoms which are present being entirely subordinate, and such as are found in many cases of chronic muscular atrophy and disease of the lateral columns.

It has been demonstrated that destruction of the gyrus formeatus, in the monkey, leads to loss of general sensation and tactile sensibility on the opposite half of the body, and that the fibres degenerate downward. This degeneration has been traced through the cord where the fibres are found in the anterior part of the latter columns. That location, and the fact of their downward degeneration, assuming that the arrangement in man is the same as in the monkey, which is not yet demonstrated, would give us a very plausible explanation for the presence of such sensory symptoms as we have in this case, where all indications of disease of the posterior columns are wanting. Again, all the evidences of disease of the cellular elements point to the nuclei of motor nerves alone, and to those motor nuclei which are most frequently implicated in degeneration of the pyramidal tracts. Furthermore, the prominent symptoms of insula sclerosis are absent: such as nystagmus, tremor and jerky incoördination. There are further no indications of implication of any neurosis above the bulb and no evidence of the presence of any sclerosed patches in any part of the cerebrum. Tremor and jerky incoördination are the prominent diagnostic symptoms of insula sclerosis, and in this case they are not present. The difficulty in speech, too, rather resembles that from paresis of the tongue than the peculiar scanning speech of this disease.

DR. ZENNER said the case brought most prominently to our minds the disease termed amyotrophic lateral sclerosis. In this disease the pathological changes are found in the motor tracts and motor nerve-cells. Usually the symptoms are first manifested in the lower, then the upper extremities, and finally bulbar symptoms appear, which lead to a more or less rapid fatal termi-

nation. But the disease may begin in the upper extremities, and, in some instances, the bulbar symptoms are first to appear. In the lower extremities the symptoms are those of involvement of the motor tracts—spastic paralysis, loss of power, spastic gait, heightened tendon reflexes, contractures, etc. In the upper extremities the symptoms are those of involvement of both the motor tracts and motor nerve-cells—first spastic phenomena; then fibrillary contractions and atrophy of muscles, particularly those of the small muscles of the hands; and finally, even when there is a high degree of atrophy, contractures, the arm being pressed against the body, elbow flexed and pronated, and fingers flexed. The bulbar symptoms are merely those of involvement of nerve-cells—atrophy of lips and tongue, etc., but no spastic phenomena.

Dr. Sudhoff's case presented many of these symptoms—paresis and heightened reflexes in the lower extremities, heightened reflexes in the upper extremities, some atrophy in the hands, and some bulbar symptoms—and yet there were some features about the case that were very puzzling, and led the speaker to doubt whether it was one of the systemic diseases above described. The bulbar symptoms appeared first, which is not unprecedented. But some were present and then disappeared, and those now present seem to have been stationary for some years. This, and other conditions presented, make it appear different from the cases of amyotrophic lateral sclerosis hitherto described, which run a fatal course in from one to three years. The question occurs to the speaker whether this be not a case of disseminated sclerosis, in which the symptoms may vary greatly, and vary in intensity at different times, as well as run a very protracted course. At least the case is a very interesting one, and perplexing as regards a clinical diagnosis.

Hare-lip.

DR. O. P. HOLT presented a case in which he made an operation for hare-lip, explaining the nature of the operation by drawings on the blackboard.

Correspondence.

AN AUTOMATIC VENTILATOR

Editor Lancet-Clinic:

My attention was called to a ventilator of this kind in the following manner: My wife was cleaning house. On removing the dining-room stove it was necessary to have something to fill the flue or aperture left by the pipe. The tin fixture belonging to it had been misplaced. What to do was the question. I went away from home soon after and did not return until late in the afternoon. A woman's ingenuity in household affairs is sometimes remarkable. A nail was driven in the chimney just above the opening and a paper dish was carelessly hung on this nail. The string was attached to the upper third of the dish. The æsthetic part of it was the picture on its front. When I came back no one was in the house. On entrance I thought some one was rapping—"rapping at my door." I looked and listened, listened and looked. At last a discovery was made. The sound came from this automatic ventilator. My curiosity was thoroughly awakened. The machine was taken down and examined, replaced and carefully re-examined. Some draught is causing all this motion. The doors and windows were at once closed. It moved even more rapidly. A thermometer was placed at its side. The temperature in the room was actually being reduced by this contrivance. A fire was kindled in an adjoining room. This made the little picture jump for joy; more work to do, more willingness to do it.

That ventilator has been in use about five months. It works nearly as well as ever. Sometimes I awake in sleep and hear its ticking above the noise of two clocks near by—a sentinel sounding safety to loved ones in the midnight watches.

Do not misunderstand me. This ventilator is not the perfection ventilator. But this I say: It is the nearest perfect of any that has come to my notice. It can be improved so as to be noiseless, fire-proof, and more or less

sensitive to atmospheric changes. I think it can be improved so as to render in-door air analytically the same as out-door air; to regulate it as perfectly as the governor regulates the motion of the steam engine. But I leave this in hands more competent and await results.

H. H. SPIERS, M.D.

EDINBURG, OHIO.

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday evening, November 10, Dr. JOSEPH RICKETTS will read a paper on "Vascular Tumors of the Anterior Nares;" discussion by Drs. E. E. SATTLER and THRASHER.

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, November 11, Dr. E. W. WALKER will read a paper on the "Surgical Treatment of Varicocele."

Dr. W. M. WILLIAMS will read a paper on the "Relation of Diseases of the Teeth to the General Health;"

Dr. F. O. MARSH will exhibit a new intubation tube for the larynx.

The American Academy of Medicine will hold its annual meeting at Philadelphia, Wednesday and Thursday, December 3 and 4, 1890.

RICHARD J. DUNGLISON,
Secretary.

FOR SALE—An extensive country practice in central New York. Will sell for the value of the buildings and thoroughly introduce my successor. An A No. 1 opening for an active young man. Terms easy. Address, A. J. GIVENS, M.D., Virgil, New York.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

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J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
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THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

TERMS, \$3.50 PER ANNUM.

All letters and communications should be addressed to, and all checks, drafts and money orders made payable to

DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, November 8, 1890.

The Week.

THE DOCTOR.

There are so many subdivisions of labor in our profession as to almost befuddle an uninformed person as to the true status of those who practice the healing art. First of all, there is the general practitioner, the family physician, who is really the typical representative our calling. He is the man of all work, who at a moment's notice is ready to set a fracture, attend a case of parturition, or prescribe for any of the numerous maladies that afflict the human being, from the first squall of infancy to the last moving of the lips in the aged. He is the man to give advice to the school directors and teachers as to the hygiene of the children and school-room, as well as to church ventilation; in all matters of general information he is usually the best informed man in the community. Not only is this commonly the case, but we take the ground that such should be his normal status. Having reached an elevated intellectual plane through a long course of study and mental training,

the doctor should be a man whose general education and culture is very much above that of those with whom his lot is cast. His special education is looked for by them, and this special education, in the minds of the people, implies a correspondingly superior general education and culture, without which he cannot command that respectful consideration that should be his just due.

To be only as well educated and as well cultured as those among whom he practices is to place any physician on a very low plane, and we were very much surprised at the utterances of one of the most highly honored teachers of medicine in our country at the recent meeting of the Mississippi Valley Medical Association, when he made the statement that such should be the doctor's level. It sounded very much like a sordid bid for students among the illiterate and illy-prepared youth who might be within hearing of the echo of his voice.

There is one line only that draws the doctor to that plane, and that is the one of compensation, for which there is and can be but one remedy, and that is the possession of superior knowledge. Superior knowledge infers superior power, and for this superior power the people are always ready and glad to pay special fees in cash or approved country produce.

The only reason in the world why the services of some physicians are more highly valued than that of others is because of their superior knowledge and attainments; they have the 'know how.' A more brilliant illustration of this cannot be conceived than that of Robert Koch, for whose special knowledge there are men who would, for purely commercial reasons, be willing to pay any fabulous sum that might be

named. Royalty recognizes the worth of such knowledge, and stands ready to confer honors and wealth upon him, and even to do his bidding.

The professor of surgery in the University of Louisville is looked up to by his clientele because of their belief in his superior knowledge, which they know and recognize as not that simply of an ability to dextrously handle the tools of his profession, but also for his superior general culture and education. The people fully recognize the one as corollary and adjunct to the other; practically they are inseparable. For the filling of a vacant chair in the University of Louisville will the professor of surgery suggest a man for the place whose education is only that of the average doctor? Hardly; he would name a man of the finest attainments that study and practical observation could obtain. Nor would he name a man whose education is limited to the treatment of disease; his culture and knowledge must be more than special, it must be so general as to fit him for equal intercourse with the clergyman, the attorney, the architect and engineer. The common people have this concept of the great physician and surgeon, and for any one who already stands on such a pedestal to try to lower it is kind o' beyond our ken.

The generality of the medical profession, recognizing the wondrous strides of our science within the past two or three decades, see the absolute necessity for a higher preliminary preparation than was formerly regarded as necessary, and through innumerable society organizations have brought a pressure upon the schools of medicine that could not be resisted, until with almost universal accord the college curriculum has been extended to three annual courses of lectures, preceded by

a preliminary examination. Such an advance step was expected to cause a material falling off in the number of young men applying at the doors of the colleges for admission; but, singular to relate, an opposite effect has been produced in the case of most of the colleges, as increasing numbers have made their classes larger than ever before.

The young men who have had the best preliminary training in the way of a general education enter their medical-student career with many advantages over their companions who have enjoyed more limited opportunities of education; this manifests itself in many ways, particularly in the ease of learning and comprehension that belongs to a well-trained mind and does not belong to the untrained, that may be likened to the entering of a thoroughbred with a clumsy cart-horse in a race for speed. The cart-horse may be sound of wind and limb, but how he labors and sweats to reach the goal that is so nimbly attained, without so much as raising a hair, by the previously-trained thoroughbred. Thoroughly skilled and trained men in every occupation are the ones who are always in demand, and who receive the rewards of the world. There is a superabundance of inferior workmen in nearly every calling and profession, but the people want the very best that can be had.

In conclusion, we call upon the men in our profession to only urge young men to study medicine who have gifts of mind, a sound body, and can properly prepare themselves for the special study of medicine. The willingness of the medical colleges to do the right thing in this very important matter should now receive the practical endorsement and coöperation of all practitioners of medicine, by their giving

seasonable advice to all young men who manifest a disposition and wish to study medicine.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending October 31, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Croup.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....	2	..	..	..	..
2.....	1	..	..	..	..
3.....	1	..	..	..	..
4.....
5.....
6.....
7.....	1	2	1	1	..
8.....	1	..	..	..	..
9.....
10.....	2	..	..	..	..
11.....	2	1	..	..	..
12.....
13.....	3	1	..	..	1
14.....	1	..	..	..	2	..	..	..	..
15.....	1	1	..	..	..
16.....	1	..	..	..	..
17.....
18.....	1	..	..	..	1	..	..	..	..
19.....	3	1	..	..	..
20.....	1	..	..	..	..
21.....	1	2	..
22.....	1	..	..	..	4	..	..	..	..
23.....	3	2	1	..	..
24.....	1	..	..	..	..
25.....	1	..	..	..	1	..	..	..	..
26.....	1	..	..	..	1
27.....	1	..	..	..	..
28.....	1	..	..	..	..
29.....	4	..	..	..	..
30.....
Public Institutions.....	1
Totals.....	4	..	..	..	38	9	1	3	5
Last week.....	5	..	..	..	30	9	1	4	6

The following is the mortality report for the week ending October 31, 1890.

Croup.....	3
Diarrhoea.....	2
Other Zymotic Diseases.....	16—21
Cancer.....	4
Consumption.....	19

Other Constitutional Diseases.....	3-26
Apoplexy	3
Bright's Disease.....	2
Bronchitis.....	6
Gastritis.....	2
Gastro-Enteritis.....	2
Heart Disease.....	9
Liver Disease.....	1
Meningitis.....	1
Nephritis.....	2
Peritonitis.....	2
Pneumonia.....	10
Other Local Diseases.....	20-60
Deaths from Developmental Diseases.....	5
Deaths from Violence.....	5
Deaths from all causes.....	117
Annual rate per 1,000.....	18.72
Deaths for corresponding week of 1889....	115
Deaths for corresponding week of 1888....	88
J. W. PRENDERGAST, M.D., Health Officer.	

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 67 cities and towns during the week ending October 31, 1890:

Diphtheria: Akron, 1 case; Chillicothe, 2 cases; Cincinnati, 38 cases, 9 deaths; Cleveland, 12 cases, 7 deaths; Columbus, 12 cases, 2 deaths; Dayton, 12 cases, 9 deaths; Defiance, 3 cases; Dennison, 2 cases, 1 death; East Palestine, 4 cases; Forest, 4 cases, 2 deaths; Hamilton, 2 cases, 1 death; Nelsonville, 1 death; New Straitsville, 1 case, 1 death; Painesville, 2 cases; Sidney, 1 case; Springfield, 1 case; Tiffin, 1 case, 1 death; Toledo, 17 cases, 1 death; Upper Sandusky, 2 cases; Woodville, 3 cases, 1 death; Xenia, 1 case; Youngstown, 2 cases.

Scarlet Fever: Canal Fulton, 2 cases, 3 deaths; Cincinnati, 4 cases; Cleveland, 14 cases, 3 deaths; Columbus, 8 cases; Crestline, 3 cases; Dayton, 3 cases; Dennison, 1 case; Elyria, 5 cases; Hamilton, 1 case; Ironton, 1 case; Mechanicstown, 2 cases; Navarre, 3 cases; New Lisbon, 3 cases; New Straitsville, 1 case, Sandusky, 1 case; Tiffin, 1 case; Youngstown, 2 cases.

Typhoid Fever: Ashland, 3 cases; Celina, 4 cases; Chicago, 1 case; Chillicothe, 3 cases; Cincinnati, 3 cases, 5 deaths; Cleveland, 11 cases, 6 deaths; Coshocton, 3 cases; Columbus, 2 deaths; Crestline, 1 case; East Palestine, 2 cases, 1 death; Fostoria, 3 cases; New Straitsville, 2 cases, 1 death; North Amherst, 1 case; Salem, 6 cases, 1 death; Sidney, 1 case; Springfield, 7 cases; Toledo, 3 deaths; Youngstown, 1 case; Wabash Tp., 5 cases.

Whooping-Cough: Celina, 1 case; Elmwood Place, 1 case.

Measles: Coshocton, 1 case; Ironton, 1 case; Olmsted Tp., 1 case.

No infectious diseases reported to health officers in 26 towns.

C. O. PROBST, M.D., Secretary.

SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

The following is a partial list of the papers to be read at the coming session of the Southern Surgical and Gynecological Association, to be held in Atlanta, Ga., November 11, 12 and 13, 1890:

The President's Annual Address. George J. Engelmann, M.D., St. Louis, Mo.

How Shall We Treat Our Cases of Pelvic Inflammation? R. B. Maury, M.D., Memphis, Tenn.

The General and Local Treatment of Gangrenous Diseases and Wounds. Bedford Brown, M.D., Alexandria, Va.

Further Study of the Direct and Reflex Effects of Lacerations of the Female Perineum. J. H. Blanks, M.D., Nashville, Tenn.

Abdominal and Pelvic Surgery in America. Joseph Price, M.D., Philadelphia, Pa.

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Is Gonorrhœa Ever a Cause for Pelvic Inflammations? J. R. Buist, M.D., Nashville, Tenn.

Papers (titles not determined). W. O. Roberts, M.D., Louisville, Ky.; L. S. McMurtry, M.D., Louisville, Ky.; Wm. D. Haggard, M.D., Nashville, Tenn.; Hunter P. Cooper, M.D., Atlanta, Ga.

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Bibliography.

STORIES OF A COUNTRY DOCTOR.

By WILLIS P. KING, M.D.

There are country doctors and country doctors, as well as books and books, but there is not, and so far as we know, never has been, but one country doctor by the name of Dr. Willis P. King. Right well does the name King fit this particular country doctor, for he tells all readers of the book, right on the title page, that he is a member of the American Medical Association; member, president and ex-president of numerous other medical societies; surgeon of railway companies, also numerous; lecturer and professor in several colleges, jail and poor house physician, and by no means least, ex-physician and surgeon to the branch water man, and his folks, etc., etc.

A perusal of this book, that holds the mirror up to nature as seen by a country doctor who is a born humorist, will just take more kinks out of the reader's ribs and stomach than all the anti-dyspeptics known. It just spreads out the crow-feet until we wonder how they ever got there. The author always sees the ridiculous and peculiarly emotional side of everything that comes under his observation, telling, as only he can tell, stories that bear the indelible imprint of actual occurrences among the pioneers on the frontier of Missouri. These stories are woven together with the skill of a Bret Hart, and interlarded with historical data that makes the book a valuable addition to any library; but the peculiar zest of the author will be best appreciated by physicians. Not less than ninety thousand of those in the United States should have a copy.

Dr. King has done his profession a service that will be at once appreciated by every reader of the book, in telling of The West: Education and Pioneer Schools, of old time dances and parties, pioneer weddings, superstitious traditions and foolish ideas, preacher doctors, midwives and nurses, the branch water man and his family, the

ups and downs in early practice, death-bed repentances and confessions, sham suicides, liars and their lies, consultations, people who came among doctors, quacks and quackery.

The reading of any one of these chapters will cause a loosening of waist-band that will cause a feeling of realization that the one hundred and fifty cents paid for the book was money well invested.

Order the book from Dr. Willis P. King, Kansas City, Mo. With the order don't forget to send the money, for both wit and humor must be fed, clothed, and otherwise provided for. A personal acquaintance with Dr. King makes us know him as a man whose professional attainments are of a very high order, while his estimable, whole-souled, generous character makes him rank as a prince among nature's noblemen. To personally have the acquaintance of such a man is to be placed in the enjoyment of a rare luxury.

Selections.

THE TREATMENT OF SUPPURATING CAVITIES WITH RIGID WALLS.

Küster (*Centralblatt f. Chirurgie*. 1890, No. 29), calls attention to the error committed by surgeons in the treatment of abscess cavities with rigid walls, in delaying opening of the same, and in frequent irrigations of the same after opening. He insists upon the following:

1. The earliest possible incision.
2. The incision must be made at the most dependent point.
3. In case of large cavities, a counter-opening is to be established.

Repeated irrigation of the abscess-cavity is to be avoided as far as possible. He dwells particularly upon the subject of empyema, and describes his method of dealing surgically with this condition as follows:

After exploratory puncture, an incision is made at the lowest point of the dull percussion note, usually in the fourth or fifth intercostal space, giving

exit to the accumulated pus. A probe is then passed through the wound to the posterior boundaries of the cavity and pressed firmly between the ribs posteriorly until its point is felt in an intercostal space, at which point a portion of the superadjacent rib is resected. The opening thus made must be sufficiently large to enable the surgeon to obtain a view of the interior of the cavity. Should the lowermost portion of the cavity not have been reached by the first resection, a portion is removed from the subadjacent rib, until the junction of the diaphragm and inferior reflection of the pleura is reached. The cavity is then, under slight pressure, irrigated with a warm solution of salicylic acid, and the walls of the cavity carefully sponged of all traces of fibrinous matter, by means of a sponge in a handle, and through and through drainage established by drawing a tube from one opening to the other, and securing it. The wounds upon the anterior and posterior chest wall are covered by iodoform gauze, upon which is laid a cushion of moss, which may remain undisturbed for upwards of eight days. If, in case of a recent empyema, the lung begins to expand in the course of ten days, the through and through drain is substituted by a short tube through the posterior wound. The author anticipates that complete cure will follow this treatment, in recent cases, in from three to six weeks.

The author further treats of the treatment of cavities, which, unlike the pleural, are surrounded upon all sides by rigid and unyielding walls; as for instance, empyema of the antrum of Highmore. Of the three methods usually employed for gaining access to diseased conditions of the antrum, K. chooses that which perforates its wall from the face, for the reason that the indications considered by him most important of fulfilment can but be followed out by this routine (thorough cleansing of the walls, and the identification by the fingers of the different portions of the cavity). This is done subperiostically, and the cavity is irrigated but once with an antiseptic fluid, and then tamponed with iodoform gauze. As soon

as the suppuration becomes but slight (which sometimes occurs in a very short time), the iodoform gauze is removed and a small drainage tube substituted therefor. In empyema of the frontal sinuses, K. drains through the nose. Diseased conditions of the mastoid cells and of the cavity of the tympanum belong to this division of the subject; their treatment, however, is somewhat complicated, as compared to the others; the preservation of the hearing, as well as the prevention of brain complications entering into the question. The same principles, namely, early and free opening, however, should be followed.—*Brooklyn Med. Journal.*

THE DIAGNOSIS OF PULMONARY CAVITIES IN CHILDREN.

In the *Revue des Maladies de l'Enfance*, for September, M. Aldibert enlarges on the untrustworthy character of the physical signs of pulmonary cavity in children. Dulness, cavernous breathing, gurgling, and the cracked-pot sound may all be present in cases not only of pleurisy, acute and subacute, but also—and this is not generally recognized—in acute pneumonia. Conversely, the most careful auscultation and percussion may fail to discover any signs of even large cavities, proved to have existed by post-mortem examination. Further, he points out that the localization of physical signs at the apices is not, in children, evidence of their tubercular nature. Several well-observed cases are recorded, and his conclusion is that the signs of pulmonary cavity in children must be interpreted with the greatest reserve.

—*Supp. British Med. Journal.*

EARLY SYMPTOMS OF GENERAL PARALYSIS OF THE INSANE.

1. Fatigue after slight exertion is often the earliest symptom noticed by the patient, and is a valuable sign if noticed in connection with other suspicious symptoms.

2. Temporary aphasia is by no means uncommon as an early sign, but it must

be understood that transient attacks of aphasia without apparent cause are not always followed by general paralysis. Closely related to this sign is a change in the handwriting; some patients alter their mode of holding the pen or cease writing altogether a year or more before the disease is distinct.

3. Sudden and slight attacks of loss of power or sensation, causing a man to drop whatever he may have in his hand, are frequent.

4. Neuralgia, headache, and rheumatic pains almost invariably occur a year or more before the disease declares itself.

5. Changes of temper and character are probably the most constant of all the changes which are noticed early in the disease.

The author concludes with the advice that in a patient with a history of syphilis or of injury to the brain, do not neglect early fatigue, fainting or other fits, loss of smell, vague optic disk changes, unusual headaches, neuralgia and sciatica, and change of character.—*DR. GEORGE H. SAVAGE, British Med. Journal.*

THE ARTICULAR SURFACES OF THE TIBIA AND ASTRAGALUS.

Mr. Arthur Thomson (*J. of A. and Phys.*, vol. xxiv, p. 210) discusses the influence of posture on the form of the articular surfaces of the tibia and astragalus in the different races of man and the higher apes. Further observations are given to show that the squatting posture assumed by some races will account for the convex shape of the upper external articular part of the tibia, and also for the facets sometimes found upon the front of the lower edge of the tibia and upon the outer side of the neck of the astragalus. These are caused by mutual apposition during extreme dorsal flexion of the joint in the squatting posture. Similar facets were found in the orang.—*Supp. British Med. Journal.*

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in symptomatic diseases.

THE RESULTS OF EXCISION OF VARICES OF THE LOWER EXTREMITIES.

More than five years have elapsed since Madelung published his contribution on the subject of excision of varicose veins. In spite of this, the operation is not as generally known and practiced as it deserves to be. Hence Dr. Bönnecken (*Berlin. klin. Woch.*, 38, 1890) offers the following:

The operation is performed thus: The patient being thoroughly anesthetized, the affected limb is left hanging over the side of the operating-table, so that the superficial veins become distended. When distension is complete, an elastic ligature or an Esmarch bandage is applied around the limb at the upper third of the thigh; not so firmly that the entire blood supply is cut off, but firmly enough so that the return current in the superficial veins is arrested. The latter now rapidly become gorged with blood. This preparatory proceeding is of considerable importance, inasmuch as it enables the operator to correctly determine the anatomical extent of the lesion.

The extremity is placed upon the table and subjected to thorough cleansing, according to the antiseptic regimen. If any ulcers exist, they must be treated as circumstances prompt. They are either simply covered with iodoform gauze, or, if unhealthy, the floor of the ulcer is scraped with a sharp curette, and the raw surface thus created covered with iodoform; or, again, the method of Nussbaum is employed, *i.e.*, a circular incision is made, completely encircling the ulcer at some distance from the margin. The latter procedure is particularly indicated, and even absolutely called for, when, as is often the case, it is difficult or even impossible to recognize with accuracy which of the periphery of the venous enlargement is the direct cause of the ulcer. In the circumcision this is always discernible.

Having thus disposed of these complications, the varix is laid bare by a bold longitudinal incision, and careful dissection is made in either direction,

carrying the knife through the connective tissue. This dissection is extended beyond the margin of the varicose formation if it is limited, or, if it involves the periphery of the entire extremity, which is very rarely the case, the dissection is extended a hand's breadth on either side. When all this has been done, the more central portion of the diseased venous trunk, which will generally be found to be the saphenous vein, is clamped at both ends and excised.

After this the plexus of veins is removed chiefly by tearing it from its connective tissue envelope, the knife being employed only when necessary, the operator working downwards. It is advisable to have a supply of hæmostatic forceps in readiness during this stage of the operation, so that the lumen of every vein that may appear in consequence of laceration or incision, may at once be seized and obliterated. In this way considerable work may be done rapidly and with very small loss of blood. When the morbid structures have been removed, the constriction around the thigh is loosened, and the larger of the wounded veins are ligated on the proximal side.

It will by no means be necessary to ligate all the small veins and veinlets, as Madelung had formally advised, and Riedel even strongly urged in anticipation of severe hemorrhage, provided the dressings are firmly applied and the limb is kept suspended for at least twenty-four hours.

The numerous pockets which have had their origin in the removal of varices are drained by small rubber tubes which are inserted through small incisions in the skin. The large flaps are closed with the continuous suture. It will be well to employ two sutures; the first to approximate the flaps, the second to close the intervening gaps. The regular antiseptic dressing is now applied, the ankle and knee joints being placed absolutely at rest by securing them with the proper splints. The dressings are left undisturbed for eight or ten days, after the expiration of which time the sutures and drains must be removed. Boric acid ointment is employed from this out for dressing

until cicatrization shall be complete, when massage is resorted to, in order to render the cicatrix and the adjacent structures softer and more pliable, and assist the muscles to attain their former functional activity, besides stimulating the local circulation.

It will not be possible to obtain complete primary union in all these cases.

Boenneken insists very strongly upon change of the permanent dressing when rise of temperature occurs, even though it be slight, and the general condition of the patient good. When changing the dressing the whole of the wound should be carefully examined. Occasionally close scrutiny will discover one or more small abscesses, which form in various parts of the wound. If these are detected early, evacuated, washed out and plugged with iodoform gauze, they will not interfere with the primary union of the remainder of the wound. As regards the results of this plan of treatment, four weeks generally suffices for complete recovery, the patient being enabled to go to work. At the site of removal no new varices have ever formed, and the patient finds that a radical cure of the pathological condition, as well as the concomitant symptoms, has been effected.

—*Pittsburgh Med. Review.*

SARCOMA AND CARCINOMA.

Dr. Rapok, of Strassburg, has collected statistics of all cases of tumor treated in the surgical clinic of the University (*Deutsche Zeitschr. f. Chirurg.*, Vol. xxx, p. 465). Six hundred and sixty-nine varieties of tumors are noted, excluding all cysts and glandular formations which did not appear to be true new growths. The series includes 399 carcinomata and 141 sarcomata, the relative number of other tumors being of less statistical value. Out of the 399 carcinomata, 212 were situated in the face and oral cavity; 133 occurred in men, 79 in women; the majority occurred amongst men in the sixth, amongst women in the seventh decade. In cancer of the lips and oral cavity, especially

the tongue, the causation was traced in many cases to foul tobacco-pipes, chewing tobacco, carious teeth, and warts. Partial excision or caustics and cauteries badly applied to warts were found to be distinctly exciting cases of cancer. Warts and old scars played a great part in the causation of cancer of the face. Of the cases of mammary cancer, 86 occurred in women and three in men; the fifth decade supplied the largest contingent of these cases, representing the menopause and the senile degeneration of the mammary gland. Injuries were not often traced as causes, but heredity, warts, fissures, morbid conditions in the puerperium, and mastitis appeared to exert a more distinct influence. The majority of the sarcomata occurred during the second decade. The greater number were situated in the face and oral cavity. Heredity, wounds, warts, and tuberculosis appeared amongst the more important and distinct causes.—*Supp. British Med. Journal.*

A POSSIBLE DANGER IN OPERATION ON LARGE AND OLD INGUINAL HERNIÆ.

Professor Küster (*Centralblatt für Chirurgie*, No. 36), reports a case in which, immediately after the reduction into the abdominal cavity of a large inguinal hernia on the right side, the patient became cyanosed, and the respiration, at first rapid and shallow, soon ceased, whilst the pulse remained full and strong. As attempts at artificial respiration failed and the pulse became feeble and the pupils dilated, the trachea was opened. The dyspnoea, it was found, had been caused by the presence in the air passages of the contents of the stomach, which flowed freely from the wound. The foreign matter was rapidly removed and further efforts made to revive respiration, but with no result, the patient dying on the table. The cause of death in this case, it is pointed out, was very evident. The reduction of a large mass of intestine into a contracted abdominal cavity increased the intra-abdominal pressure to such an extent as to cause the contents of the stomach to be forced along the œsophagus into the

pharynx, whence they were inspired into the lungs. This unfortunate case has led Professor Küster to urge that in every instance of operation for the reduction of large and old herniæ the stomach should previously be washed out, in order, on the one hand, to facilitate the return of the intestine, and, on the other hand, to secure the patient against the danger of the contents of the stomach being forced into the air passages.—*Supp. British Med. Journal.*

TREATMENT OF HERPES OF THE GENITALS.

M. Feulard, (*L' Union Médicale*), states that where the eruption of herpes of the genitals is widespread but not severe, lotions with pure water, vinegar and water, or aromatic wine are useful, and that the small ulcers may be covered with powdered bismuth, talc, or starch. If the ulcers be severe, he recommends that they be touched with a feeble solution of nitrate of silver of the strength of from 4 to 10 grains to each 6 drachms

of water; or, in place of this, the same quantity of the silver salt in the same amount of vaseline. In those cases in which there is a tendency to recurrence it is necessary to place about the gland or under the prepuce a small piece of absorbent cotton, or similar substance laden with tonic astringent application.

Where the herpes is idiopathic and depends upon digestive disturbance, he recommends the use of an emetic, the employment of non-exciting foods, abstinence from alcohol, and the use of alkaline waters.—*Med. News.*

“SO MUCH A FOOT.”—A brand-new graduate, fresh from the parting embraces of his *alma mater*, was called to attend an old lady suffering from tape worm. Having relieved her of the parasite he sent in an account for 10s. 6d. which the patient thought exorbitant and asked for particulars. These were given in the following terms: “For delivering you of a tape worm ten and one-half feet long, at a shilling a foot. 10s. 6d.”—*Med. Press and Circular.*

The Acutely Ill.

When a patient is acutely ill, the digestive powers share in the general condition, and consequently the food supplied should be of the most easily assimilable character. The predigestion of starchy matters outside the body, as in MELLIN'S FOOD, is necessary, and the soluble carbohydrates of which this food consists, soluble because predigested, form the true food of the acutely ill.—J. MILNER FOTHERGILL, M.D., Edin.

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Original Articles.

TYPHLITIS TYPHOSA AND ITS TREATMENT WITH SALICY- LATE OF SODIUM.

A Paper read before the Academy of Medicine, October 13, 1890,

BY

G. A. FACKLER, M.D.,

Professor of Materia Medica and Therapeutics, Womans' College of Cincinnati.

The inflammatory process to which the terms typhlitis, peri- and para-typhlitis are applied, are confined to the right iliac fossa, or, to be more explicit, to the ileo-cæcal region. Strictly speaking, the term typhlitis is employed only to designate an inflammation of the cæcum. Such inflammation, however, is not infrequently associated with an involvement of the terminal end of the ileum and the surrounding tissues. It may be supposed that typhlitis and perityphlitis have an intimate etiological relationship, and in the majority of cases the latter is undoubtedly a result of the former. Infectious diseases play an important rôle in the production of this affection, preëminently among them tuberculosis and dysentery. Numerous cases have been reported in which intestinal tubercular ulceration has been confined to the mucous membranes of the cæcum. In dysentery the pathological process may advance along the course of the colon, from the rectum to cæcum, involving the walls of the latter to such a degree as to produce a dysenteric typhlitis. There appears to exist, then, sufficient evidence in favor of the possible production of typhlitis by infectious diseases, or rather by the micro-organisms of such diseases.

It has always been an astonishing fact that, although the destructive process, most pronounced in typhoid fever, is located in the ileum, in the immediate neighborhood of the cæcum, separated from the latter only by the interposition of the ileo-cæcal valve, the characteristic pathological inflammatory condition of typhoid rarely becomes pronounced in the latter, and more rarely the ulceration changes.

To be assured of a correct comprehension of what is intended to be conveyed by the term typhlitis typhosa, it is probably the better part of wisdom to describe that which is not. From the foregoing, it may be truly inferred that a consideration of the changes in the ileac lymphatic apparatus is not aimed at, the ultimate points of attack being apparently Peyer's and the solitary glands situated in the immediate vicinity of the ileo-cæcal valve, the degree of pathological change ranging from simple hyperplasia to ulceration and necrotic sloughing.

Symptoms indicating the existence of such conditions, and post-mortem appearances, have furnished sufficient evidence to render them *per se* characteristic of typhoid fever.

Cases have been observed, however, in which, after the manifest improvement of these processes, symptoms appeared which indicate strictly an involvement of the cæcum and adjacent tissues. Why such occurrences should be rare, cannot be readily explained. It may, in the first place, be due to the interposition of the valve between the ileum and cæcum. The structures involved possibly are of such intimate histological and chemical consistence, as to offer more resistance to the invading organism than the structures in the ileum. Still, the discharges from

the surfaces of the ileum are constantly drained through the cœcum, and by passing over the mucous membrane of the latter come into contact with the very tissues to be attacked. The late appearance of the typhlitis can only be explained by the foregoing statements, and the fact that during the early period of the disease the discharges are largely mucous and serous in character, and that probably the typhoid bacillus only escapes with the detritus following the necrotic sloughing during ulceration. Add to this a stage of incubation and multiplication and we may after all demonstrate to our satisfaction that the typhoid is an etiological factor in the production of the typhlitis.

As evidence to these statements, I offer the history of five cases, together with the treatment employed. It would consume unnecessary time to present a detailed account of each case prior to the inception of the condition under consideration. Suffice it to state, these cases occurred contemporaneously with a large number of other cases in the city, and that the picture presented was such as to leave in the mind of the most critical clinician no doubt as to the correctness of the diagnosis.

The first of these cases was observed during January, 1888, and a description of this may apply to the other.

The patient was a robust man, thirty years of age, a very tractable patient, very conscientiously observing the rules laid down in the treatment. To this could be ascribed, in part, the satisfactory progress of the illness. Temperature did not mount above 104° F. No severe diarrhœa complicated the case, and the sensorium was clear throughout. Tenderness was easily elicited in the right iliac region, was never excessive, and had almost disappeared at the beginning of the fourth week. At the same time, there was a gradual improvement of the general condition, pulse stronger, no abnormal temperature in the morning, tongue clean, and desire for food present. Suddenly patient complained of pain over a circumscribed area in the ileo-cœcal region. This rapidly increased in severity, so as to become almost un-

bearable. He lay upon his right side with the body flexed forward, and right thigh drawn upward. He violently opposed any examination of the parts, and yielded only after prolonged solicitation. Examination disclosed great tenderness in the iliac fossa, an ovoid swelling following the course of the cœcum and ascending colon, and imparting a doughy sensation to the touch. The swelling was not moveable, and dull on percussion. Meteorism was slight, and constipation existed; temperature varying during six days from 102-3° F., pulse rapid and tense. Cathartics were not employed, fearing their action upon the ulcerating intestinal walls. Rectal injections were carefully administered, and were followed by mucous discharges slightly tinged with fecal material. This procedure effected no alteration in the swollen and tender parts. Warm applications, complete bodily rest, fluid diet, stimulants, etc., secured relief after a week's suffering, and was followed by tedious recovery.

The second case occurred during February, 1888. Patient was a boy of eighteen years, and a recital of his case would be only a repetition of the first. In both instances the general debility was so great, and the effect of pain upon the nervous system so severe during the existence of the typhlitis, that hope of recovery was on several occasions abandoned.

Naturally, when I was brought in contact with the third case, in April, 1888, I was anxious to adopt a different and more successful plan of treatment. This was the case of a man of twenty-seven years, in whom the typhoid had assumed a very mild form except as to diarrhœal complications, which were, however, easily checked. In this case the symptoms of typhlitis developed during the third week, while there was still marked tenderness in the right iliac region. There was also absence of constipation, no meteorism, and the cœcal tumefaction was not so extensive as in the other case. The patient was placed upon small doses of calomel and bicarbonate of sodium, with the intention of obtaining the antimycotic effect of the calomel in the af-

fectured region and keeping the alimentary tract open. Within twenty-four hours severe enteralgia induced the withdrawal of the remedy. Naphthalin was substituted without any noticeable beneficial action, although administered for forty-eight hours. It was now determined to employ a remedy concerning the antizymotic action of which there exists no doubt. The conviction that the existing pathological process was due to the introduction and changes produced by the typhoid bacillus, certainly approved of such a procedure. Salicylate of sodium was, hence, administered in fifteen-grain doses every three hours. Fever and pain were relieved within twenty-four hours, the swelling began to subside, and within four days the patient was apparently well.

The fourth and fifth cases were treated during July and August, 1890. Patients were both young women, twenty and twenty-six years old respectively. In the latter the disease (typhoid) was of a more severe and dangerous type than in the other five cases. In both symptoms of typhlitis developed during the fourth week. After swelling and tenderness became marked, salicylate of sodium was freely administered, and, as in the third case, relief obtained in twenty-four hours. In both the condition had apparently disappeared in four days, without leaving a state of debility, as was observed in the first two cases.

The beneficial action of the salicylate of sodium was so vivid in contrast to the results obtained by the treatment in the first, second and beginning of the third case as to leave no doubt of the truth of the view entertained of the nature of the affection and the power of the remedy.

How does salicylate of sodium exert its antiseptic power?

It is well known that its rank as an antiseptic or anti-zymotic is very low, far inferior to salicylic acid, which is a very active antiseptic substance. But salicylic acid in the circulation is surely bound to sodium, and hence reaches the various portions of the body as salicylate of sodium. If salicylate of sodium in solution be intimately mixed with

carbonic acid and subjected to a certain degree of pressure, the salicylic acid may be forced out of its combination with sodium. So that CO_2 and pressure transform salicylate of sodium into one of the most energetic antiseptic substances.

To apply these facts to the conditions considered in this report: We are dealing here with an intense inflammatory condition, in which the tissues involved are subjected to severe tension on account of the swelling in a restricted area. Tension indicates pressure. Carbonic acid gas is present in all highly inflamed tissues to a degree of 17 to 20 per cent. We have here, then, the very conditions that will insure the liberation of the antizymotic free acid, and that continuously, out of the salicylate of sodium in the blood circulating in the inflamed parts.

Not only does the fever disappear, but also the violent pain and tense swelling. The latter effect does not depend upon the reduction of fever, since antipyretics will not secure such results.

The remedy is one of a few that, if given internally, will check diseased, disintegrating processes, because they are borne within the body fluids and tissues in quantities non-destructive to such fluids and tissues, but sufficiently large to destroy certain micro-organisms while being gradually liberated from certain combinations in the circulation.

[FOR DISCUSSION SEE P. 592].

ARISTOL PLASTERS.—M. Cavailles (*L'Union Phar.*; July, 1890), makes these for the Hôpital Saint-Louis by mixing finely powdered aristol with a small quantity of oil, and adding to a mass of lanolin and caoutchouc plaster, previously cooled and made very fluid by the addition of benzin. The benzin is evaporated to a sufficient degree to leave a preparation suitable for spreading upon muslin. The plasters are said to possess the full antiseptic properties of aristol applied in other ways. The author makes plasters of iodoform, salol and chrysarobin in the same manner.—*Am. Jour. Pharm.*

PYOKTANNIN IN DISEASES OF THE EYE, EAR AND THROAT.

BY

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Lecturer on Diseases of the Eye, Ear, Throat
and Nose, University of Louisville

Since Prof. Stilling's article, in *Merck's Bulletin*, of June, 1890, on pyoktannin was published, much has been written for and against it as a remedy. I think the best way to satisfy one's self of the virtues of a medicine is by self-trial, and this I have been doing for some weeks with pyoktannin. Pyoktannin is a combination, by substitution, of some of the coal tar extracts, and is either blue or yellow. I have used both of them in the stick, and in solutions from 1 to 500, to 1 to 2,000.

Prof. Stilling tells us:

"A paste made of wheaten flour and a 2 per 1,000 solution of pyoktannin does not sour, no matter how long kept. Mold fungus, *mucor stolonifer*, was put on bread-rolls, some moistened with water and others with solution of pyoktannin, of from 1 to 500 to 1 to 1,000; on the former the mold grew luxuriantly, but on the latter, which were kept moist for a fortnight, not a trace of mycelium could be detected. This same mold, with others, was put in a mixture of sugar, extract of meat and gelatin, which had been painted in stripes with a solution of pyoktannin, one-half per cent. in strength. The mold grew rapidly where there was no pyoktannin, but was checked abruptly when it reached the line.

"Small vials were filled with solutions of pyoktannin of from 1 to 1,000 to 1 to 64,000, and placed by the side of a bottle containing pure water, and in each vial was placed a piece of raw meat; the vials were then stoppered with cotton and placed in a thermostat kept at 25° C. Each one was examined once a day, twenty-four hours from the time of its last removal. That in the vial of water exhibited stinking putrefaction at the end of twenty-four hours. It was found that a solution as weak as

1 to 30,000 acts as an obstacle to the development of putrefactive bacteria."

Prof. Stilling says:

"On the basis of all these experiments, the conclusion is reached that from a mere *botanical* point of view in the first place, pyoktannin is an agent *which, even in rather weak solutions, exercises a very marked restraint on the development and growth of bacteria*; whereas, *in somewhat stronger solutions, say 1 to 2,000 to 1 to 1,000, it acts as an absolute preventive* and surely destroys whatever bacteria are already present."

He also says:

"The best agents discovered in the experiments besides the blue pyoktannin were some compounds pertaining to the auramine group, the most eligible of which I shall, for distinction from the blue variety of pyoktannin hitherto described, denote yellow pyoktannin."

Prof. Stilling has written much more of this remedy. I have used it a good many times and can verify many of his statements:

"If used in the eye of a white rabbit, it will color the pink iris, and not the cornea if the latter is intact. If there be an abrasion or broken surface on the cornea, the latter will become colored. It dilates the pupil, and does not affect the accommodation. Injected subcutaneously, the rabbit and the guinea-pig bear very large doses. If injected into the peritoneal cavity, very large doses will kill the animal. Death occurs from coloration, and thereby paralyzation of important nerve-centers. The blood is not affected. The abdominal cavity is remarkably dry. Rabbits ingest pyoktannin administered in their food in great quantities, without experiencing any disturbance."

As I stated before, my personal experience has been rather extensive. Pyoktannin solution, 1 to 1,000, dropped into the eye, causes but little pain. Numbers of cases of the milder affections of the conjunctiva, in which I had for some time used the usual remedies and not relieved, yielded readily to solutions of pyoktannin. I have on hand some new cases of trachoma which I have been treating for months with all the well known remedies, and which

have shown remarkable changes for the better under the use of pyoktannin, in pencil, applied daily. I have never seen cases of suppuration, or mucopurulent inflammations of the tear sac, yield as readily as they do under the use of 1 to 1,000 solutions of pyoktannin. In suppuration of the antrum, it alone, I think, is not so good as hydrogen peroxide, alone or followed by the pyoktannin solution.

I have been treating for some time a case of interstitial keratitis in which the anterior chamber was very deep, the iris umbilicated, and the pupil undilatable with any of the mydriatics with or without cocaine. I prescribed pyoktannin, blue, 1 to 1,000 solution, two drops in the eye three times a day, before meals, and atropia after meals. The next day the pupil was well dilated, and remained so as long as the pyoktannin was used. When left off, the pupil would return to its former condition. The corneal trouble also improved rapidly under its use. Two other cases on hand are doing equally well by the use of pyoktannin.

I have had some very favorable results from the use of pyoktannin in suppurative inflammations of the middle ear.

The main, and the only objection I know of to its use, is that it stains. The skin can be protected where pyoktannin is used in the eye by putting a little vaseline on the lids.

I direct my patients, when dropping pyoktannin solutions into the eyes, to lie flat on their back, drop in one or two drops and lift the lids so it can get into the cul-de-sacs, and wipe off what remains with a bit of cloth before getting up.

The blue solution rendered me quite a service the other day in a case of trauma, in which the cornea was ruptured and the iris and vitreous hung from the wound. I trimmed up all the shreds I could see hanging from the wound, and washed the eye out well with a solution of pyoktannin 1 to 1,000. It immediately colored some transparent shreds I had missed, thus enabling me to clean the wound much better. The wound healed readily, although made

with a dirty blunt instrument, there being consequently much contusion.

I believe if pyoktannin is used properly, it will be of much help to us in the management of many affections of the eye, ear, nose and throat. It is not a cure-all; let no one condemn it until he tries it thoroughly. The blue pyoktannin is not the well known methylene blue, but is a combination, by substitution, of some of the coal tar groups. "Pyoktannin" means "pus killer."

EPSOM SALT IN THE TREATMENT OF DYSENTERY.

Surgeon A. W. D. Leahy, of India (*Lancet*, October 4, 1890), has treated 103 cases of acute dysentery by the administration of a saturated solution of sulphate of magnesium, to which was added a small quantity of dilute sulphuric acid. In the early stages of dysentery this treatment, as the author has found, is remarkably efficient; the temperature falls, mucus and blood disappear from the stools, which become copious, feculent, and bilious; tenesmus ceases; the skin acts well, and the patient sleeps after the first few doses. The more chronic the case, the less apparent are the advantages of the treatment.

The method is carried out as follows: A drachm of the saturated solution of the salt with ten drops of dilute sulphuric acid are given every one or two hours, until the stools become more copious, feculent, and free from blood and mucus, the temperature falls, and the pain and tenesmus cease. When the stools are normal in character and are reduced to two or three in the twenty-four hours, an ordinary astringent mixture with opium or cannabis indica is usually all that is necessary to complete the cure.

The advantages of this method over the usual ipecacuanha treatment are, that it has no depressing effect; that it produces neither nausea nor vomiting; and that it quiets and soothes the patient. It probably prevents the formation of ulcers by its influence upon the hyperæmia of the bowel.

REPORT OF A CASE OF GALL-STONE IN THE HEPATIC DUCT.

A Paper read before the Academy of Medicine,
October 13, 1890,

BY

J. M. WITHROW, M.D.,
CINCINNATI.

On August 28, 1890, I was consulted by Charles L., aged fifty-nine, who gave the following history:

He had, until July, 1889, been a man of unusual vigor, living well but temperately, and never having suffered a day's illness. His habits were active in his occupation as merchant. Without any premonitory symptoms, he was attacked with a severe colic and at once prostrated in his office. He was taken home and his pain relieved only after several hypodermic injections of morphia. He returned to his business in a few days, and though not so well as usual, was free pain until some time in November, when a similar attack, requiring like treatment, occurred, and jaundice followed, which disappeared in a few days. He was then unmolested until February, 1890, when a more severe colic, followed by a more persistent jaundice, left him in considerably less than his usual vigor. A similar chapter in the history was recorded in March, after which the icteroid color remained for several weeks. During the interval between March and July he was somewhat enfeebled, though able to attend to his office business. On July 4 he was stricken suddenly with the most violent abdominal pain he had ever suffered, followed by jaundice, constipation, putty stools, and great debility. There was almost complete anorexia, and he rapidly lost weight during a long confinement in bed. Under the advice of his physician, he sought renewed vigor in alcoholic stimulants, and drank "some days more than a quart of champagne." As soon as he was able to be taken to the cars he was sent to French Lick Springs, where less alcohol was used, and he very slowly convalesced for a time, and early in August returned

to his home. He was able to get to his office a few days later, but was of a muddy yellow color and very feeble. He had scarcely any appetite, was always constipated or suffering from diarrhoea.

In this condition I first saw him, and upon physical examination the liver was found enlarged but smooth, the percussion dullness extending an inch and a half below the margin of the ribs. The gall-bladder could not be made out, although the emaciation was so marked as to permit very satisfactory palpation. The other abdominal organs seemed to be normal. He had no fever and his pulse was slow and firm. His appetite was only fair and digestion good, the stools indicating the presence of bile. A condition of chololithosis was diagnosed and a biliary cirrhosis presumed, but as there was evidence of bile reaching the intestine no operative procedure seemed justified.

He was put upon a chiefly albuminous diet, with succulent vegetables and large fruits, and the alcohol limited to a small quantity of white wine with each meal. Phosphate of soda was ordered in teaspoonful doses before each meal, and a pill of aloes, strychnine and belladonna given in sufficient quantity to overcome the constipation.

He came to my office four times between this date and September 18, a period of three weeks. He had improved slowly during this interval, but was still in a condition of great prostration and scarcely able to leave his home. On the above date (September 18) I was called to see him and was told that on the previous day he had suffered a slight attack of colic, and was too feeble to leave his bed. His skin was now a brighter yellow; bowels constipated; stools of a putty color and consistence. The physical signs in the hepatic region were unchanged, and no increase of liver dullness above that noted in the initial examination, nor any tumor due to a distended gall-bladder. The pulse was slow and full, the skin showed scratch marks, and the mental condition was melancholic.

The treatment was not changed, except that the amount of phosphate of

sodium, which had not been taken in the quantity ordered, was increased.

I began to examine the stools carefully, and on the third day found some biliary sand and a calculus as large as a wheat grain, and on the fifth day another of similar size. The stools now became normal in color, and the skin began to darken into its original duski-ness. The anorexia and prostration rather decreased, however, and on the third day after this attack a fever set in of tertian character, which quinine seemed to relieve within a week. Although the fever disappeared for a few days, the patient lost ground, while the stools and the skin indicated that the liver was acting and its secretion properly discharged.

Dr. Ransohoff saw the case in consultation on October 1, and the advisability of surgical treatment was discussed. It was deemed unwise because of the feebleness of the patient, the inability to palpate a distended gall-bladder, and the progressive clearing of the complexion.

The treatment was continued. On October 4, the temperature rose to 100° in the morning and 103° in the evening, and continued thus in spite of the free exhibition of quinine. During all this time the patient was absolutely free from pain and tenderness. Coma set in October 8, and the end came thirty-six hours later. The urine was normal in quantity and contained no albumen, but was never free from biliary coloring-matter.

Dr. Poole made a post-mortem examination. At the autopsy the liver was found considerably enlarged and smooth, but not adherent to adjacent structures. The color was decidedly yellow on section, and the structure of very firm consistence. The bile ducts were enormously distended, and the general enlargement of the liver was apparently due to hyperplasia of the connective tissue about the bile ducts—hypertrophic cirrhosis. The gall-bladder was very small, and contained only about a drachm of bile and a few small calculi not larger than wheat grains. In the neck of the gall-bladder, just at the origin of the cystic duct, was a cal-

culus of slightly irregular shape and about half an inch in diameter. This stone, as you will see from the specimen exhibited, is partly encysted. The cystic and common ducts were both enormously distended, the latter being fully a half inch in diameter. Another stone as large as the one in the neck of the bladder was found lodged in the common duct about a half inch from the duodenum. The common duct between this and its point of emergence was normal in calibre. The most interesting feature of the case was the situation of a stone as large as either of the others in the hepatic duct just above the point of junction of the cystic and hepatic ducts, as may be seen in the specimen. There was a small abscess, about an inch in diameter, in the substance of the lobus spigelii contiguous to its inferior vena cava. There was also a collection of pus, probably three or four ounces, between the spleen and the diaphragm, but not connected with the purulent pocket in the liver. The abscess in the liver was not adjacent to the gall-bladder, and no direct connection could be traced between them.

[FOR DISCUSSION SEE P. 592.]

NEPHRECTOMY.

Dr. George Ben Johnston, of Richmond, reports a successful case of nephrectomy, and gives the following indications for the performance of the operation:

1. Injury to one kidney which, from hæmorrhage or suppuration, threatens life.
2. Urinary fistula following rupture of the ureter.
3. Unilateral tuberculosis in its early stage.
4. Tumors which are benign, and the sarcomata of adults.
5. When palliative measures have failed to relieve floating kidney which causes great distress.
6. As a secondary operation in hydro- and pyo-nephrosis.

—*Medical Age.*

SUBSCRIPTIONS to the *Lancet-Clinic* may be commenced from any date.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of October 13, 1890.

The President, C. D. PALMER, M.D.,
in the Chair.

J. M. FRENCH, M.D., Secretary.

DR. FACKLER read a paper on
*Typhlitis Typhosa and its Treatment
with Salicylate of Sodium*
(see p. 585).

DISCUSSION.

DR. J. L. CLEVELAND had had little experience with this disease, but he could readily believe that this use of the remedy proposed would be efficacious. One singular feature in the cases reported was that the disease seemed to subside without the discharge of any diseased matter. The speaker had seen many cases of abdominal tenderness due to gaseous distension in which the salicylate of sodium acted marvellously. These cases have been called rheumatic, because of the rapid relief following the action of this remedy.

DR. G. S. MITCHELL had had some experience with the treatment of these cases with the salicylate of sodium, but was at a loss to explain the *modus operandi* of its action. He thought that there would have to be a very large amount of carbonic acid present in the blood, and that the pressure would have to be very high to bring about all the changes referred to by the essayist. The speaker thought a drachm of salicylate was sufficient to be administered in twenty-four hours.

DR. G. A. FACKLER, in conclusion, remarked that it was not Binz, but Kolbe, who called attention to the fact that salicylic acid in the circulation is bound to sodium, forming the salicylate of sodium, and that salicylate of sodium, if administered, will have the same effect upon the human organism as salicylic acid. Binz, however, propounded the theory as to the action of the remedy in the body, and as referred to in the report. There have been some expres-

sions of doubt as to the accuracy of these remarks. The changes undergone by salicylate of sodium in the presence of carbonic acid and under pressure can be demonstrated to the satisfaction of any one. If such changes will occur outside of the body, we may safely assert that if the remedy be subjected to the same conditions in the body it will undergo the same changes. That the conditions favorable to the decomposition of salicylate of sodium exist in certain pathological states, is acknowledged.

Salicylate of sodium may be safely administered in fifteen-grain doses every three hours, unless there be evidence of cardiac debility. Under such circumstances the effects of the remedy upon the circulatory apparatus must be closely watched, and the treatment promptly discontinued if symptoms of danger arise.

DR. J. M. WITHROW reported a case of

Gall-Stone in the Hepatic Duct
(see p. 590).

DISCUSSION.

DR. JOSEPH RANSOHOFF thought the fever in this case was due to the abscess in the liver. The cases of gall-stone with fever are not so rare. The absence of dilatation of the gall-bladder spoke in favor of the presence of stones in the cystic and hepatic ducts. The speaker called to mind the fact that he had once presented to the Academy a specimen of gall-stone removed post mortem from a patient who had during life presented no symptoms whatever.

The speaker also said that he had to differ from a statement made in regard to the cause and effect of malignant disease by gall-stones. He thought that in many cases gall-stones are the primary disease, for they develop very slowly. The difficulty does not lie between gall-stones and malignant disease of the gall-bladder. Primary malignant disease of the gall-bladder is not so frequent that it can enter often into the diagnosis of gall-stones. Difficulty of diagnosis is between malignant disease of the head of the pancreas and the first or second portion of the duodenum.

Here, too, is the difficulty of the exploratory operation in these cases. Simply lifting up the edge of the liver and exploring the gall-bladder does not reveal anything; the duodenum must be drawn down and the head of the pancreas must be felt. And the moment you touch a malignant growth it begins to bleed, and bleeds incessantly. In these cases an exploratory operation may be dangerous.

DR. WITHROW stated, in conclusion, that he had early found, in the stools of the case which he had reported, fine sand, and that he afterwards found a stone as large as a wheat or rice grain, it having passed all obstructions. The stone was about the size and color of those found in the gall-bladder. No other stone of any size was passed, as the careful examinations of the stools proved. This stone must therefore have passed one, and probably two, stones lying in the duct. The stone which produced the disturbance on the 4th of July must have been one of these large ones.

Further, the stones found in the duct were not hard and smooth, but they were scaly, as if degenerating. The speaker desired, therefore, to inquire whether the condition of the stones could have been in any way a result of the prolonged alkaline treatment, since these are roughened on the surface and since the individual was passing sand.

The speaker further reported a case which was operated upon, a fistula established and several stones passed. After the patient died, several months later, malignant disease was found at the head of the pancreas, encroaching upon the bile duct. He did not think, however, that malignant disease and gall-stones are frequently enough associated to permit of any deductions being made with reference to cause and effect.

Cocaine in Surgery.

DR. WILLIAM JUDKINS reported several cases illustrating the possibility of performing surgical operations painlessly with the aid of cocaine. In one instance he had amputated an extremely dependent scrotum. The result was

good, but an accidental rather severe hemorrhage prevented primary union.

The speaker also reported a case of

Obstinate Vomiting,

which he had treated with enemata of oil, in which the emesis continued until the oil was ejected from the mouth. As authority for his assertion he referred to the writings of Dr. Senn.

DISCUSSION.

DR. RANSOHOFF remarked that the operation of shortening the scrotum for varicocele had not the least principle of the radical about it, and that he could see no reason for employing it in any case when the removal of a small portion of the vein was so much more efficacious.

DR. C. W. DODD asked whether the injection of the large dose of cocaine was not the cause of the free hemorrhage which occurred in the first case reported.

DR. G. S. MITCHELL asked what the reporter thought was a large dose of cocaine if he applied the term small to a dose of "two or three grains."

DR. HAINES referred to the various opinions that are entertained with regard to the action and dose of cocaine. He also reported a case in which syncope had quickly followed the rather free use of the drug in the floor of the mouth, but was quickly recovered from.

EPITHELIUM OF THE BLADDER.

A. S. Dogiel (*Archiv für Micros. Anat.*, Part 4, 1890, p. 380) discusses the nature of the epithelium of the urinary bladder. He quotes authorities to show that the question is still in dispute. Dogiel has examined the epithelium of the bladder in mice, rats, hares, dogs, cats, and man. The usual hardening materials were used, and osmium, picrocarmine, and hæmatoxylin staining. Scrapings and sections were used. Two layers of cells were determined: an inner of irregularly polygonal plates, and an outer of a cylindrical or cubical form. The innermost cells had processes which projected into the bladder. — *Supp. British Med. Journal.*

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of October 28, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

L. S. COLTER, M.D., Secretary.

Intubation for Diphtheritic Laryngitis.

DR. JOS. EICHBERG reported two cases of intubation recently performed for diphtheritic laryngitis:

CASE I.

Patient a boy, four and one-half years of age. Had diphtheria of the pharynx, from which he had apparently recovered. Four days afterwards laryngeal obstruction began to manifest itself. I was called to the case and made intubation without much difficulty, removing the thread from the tube as soon as it was in place. Immediately after inserting the tube the breathing rapidly became obstructed and the signs of asphyxia became evident. On looking at the instrument with which I inserted the tube I was horrified to find that the instrument had broken and the obturator was left in the tube, which was thereby completely occluded, permitting the entrance of no air whatsoever. The condition of the patient was critical and time was precious. I immediately opened the trachea below the level of the tube by means of a bistoury. The child by this time was perfectly unconscious, and it was fully one minute before respiration began again. A tracheotomy-tube was inserted and left in place. The child recovered well from the operation. The opening into the trachea was made without any regard to the landmarks, as time did not permit this. The inferior thyroid vein was divided in making the incision, and began to bleed on the reestablishment of respiration. The hemorrhage, however, was easily controlled. The obturator being in the tube, the extractor could not be introduced to withdraw it. About half-past nine in the evening I went back and endeavored to extract the tube by having the retractor strongly

magnetized by means of an electric coil around it. The child vigorously resisted the attempt, and by its struggles the bleeding was again started from the thyroid vein. The hemorrhage this time was much more difficult to stop than the first time. I have made no further attempts to remove the intubation-tube, and it still remains in the larynx. The child is doing well. It is impossible to tell what the issue of the case will be. In a few days I will administer chloroform through the tracheotomy-tube and endeavor to push the intubation tube upwards by means of an instrument inserted through the tracheotomy-tube.

This case illustrates the fact that we are never safe in any operation, because of contingencies beyond our control.

CASE II.

Recently I was telephoned to early in the morning by a physician to come at once to intubate a case of diphtheria. I went immediately and found the patient, a boy, seven and one-half years of age, with laryngeal diphtheria, being nearly asphyxiated. I inserted the tube and went away, leaving the boy breathing easily. About half-past six o'clock that evening the father came to me and said the boy had coughed the tube out about half-past four. He said he knew from what had been said in the morning that it was absolutely necessary that the tube should be in the throat, and so he (the father) had immediately put it back in. His breathing, however, had not improved this time, and he thought I had better come and see what the trouble was. Of course, I went immediately, and found, as I suspected, that the child had the tube in its stomach. Five days later the tube was passed in the stool. The child has made a good recovery.

DISCUSSION.

DR. B. P. GOODE: The first case that Dr. Eichberg just reported I saw this afternoon. I was sent for and did not know where I was going. The people told me that Dr. Eichberg had been in attendance upon the case, and that an accident had happened whereby the tube was unable to be removed from the throat. I told them that it would

be robbery for me to take the case under such circumstances. I was wondering, and intended to ask Dr. Eichberg, what kind of an accident could have happened making it impossible to extract the tube. This operation is becoming common now, and we should be acquainted with all possible accidents that may occur. I am making this operation quite frequently now. I always leave the thread in the tube for several minutes after the tube is inserted, and I think this is a very important point. The instrument should always be carefully tested before using.

DR. WM. H. TAYLOR reported two
Obscure Cases of Renal Disease.

CASE I.

V., a well-developed, apparently healthy man, about forty years old, superintendent of tannery, of good habits. About six months before he came to me for treatment he was exposed to great physical and mental excitement, caused by the burning of his place of business; from this time he had not had his former energy, but continued to work as usual. For two weeks prior to consulting me he had had pain in the right side of the abdomen and in the right lumbar region, severe at first, but less severe later. For a few days he had discontinued work because of the pain and headache. His bowels were obstinately constipated, for which he was in the habit of taking active cathartics. He was unaware of any abnormal condition of the urinary function, and never had recognized any œdemas. When seen by me he was in bed, and complained of pain in the region of the ascending colon, which was much aggravated by pressure, so that I suspected typhlitis. Temperature 99°, pulse 90. The pain being so marked, I ordered one-fourth grain doses of sulph. morphia, of which he took two or three. I was summoned to him in a few hours because of his total blindness, accompanied by intense headache, which had commenced soon after my previous visit. These startling changes led me to suspect renal disease, and boiling his urine in a spoon showed it to be at least one-fourth albumen. Active purgation

and diaphoresis speedily relieved his impaired sight, but the headache and pain in the abdomen yielded slowly. With tonics and diaphoretics he improved, and has recently presented himself, apparently well, but without his original vigor.

CASE II.

F., aged forty-four, school-teacher; spare. Thirteen months before his last illness he had an attack of vertigo; was momentarily unconscious and fell; remained in bed a week, after which he resumed his usual duties and continued them to the day of his death. As I did not attend him in this attack I can give no details.

On September 16, the patient, discharging his duties as school principal, consulted me for intense occipital headache, which was intermittent in character. I could learn of no other morbid condition; he had no œdema, had sufficient strength to discharge all his duties, and seemed aware of no diseased condition except his headache. He had a cachectic appearance and was prematurely gray, at once suggesting renal disease. For immediate relief I ordered antipyrine. The next day he reported much improvement, and as he lived in a malarious region and his headache was not continuous, I gave him a large dose of quinine, meantime requesting urine for examination. The third and fourth days the headache returned severely, though he persisted in riding several miles, and, contrary to my advice, attending to his usual duties. Repeated examination of the urine showed only slight traces of albumen. On the fifth day the headache returned, the patient became comatose and died in a few hours.

DR. J. A. THOMPSON reported a case of

Poisoning from Eating a Bean of the Castor Plant.

About four o'clock last Friday afternoon I was called in a great hurry to see a lady, who is a typewriter in a wholesale drug house. They had just received a supply of castor beans, and the young lady had eaten but a single bean. As a result, vomiting and purg-

ing soon set in. She was able to retain nothing on the stomach. To give her relief I had to give her hypodermics of morphia and laudanum per rectum. A gastritis of a violent form has resulted. She is improving at present. The beans of the castor plant are so common that I think it is well for the physician to caution people in regard to their poisonous nature when taken internally.

DR. C. R. HOLMES reported a case of

Removal of the Lachrymal Glands.

The speaker stated that he had operated upon the young woman presented at the previous meeting, who had double dislocation of the lachrymal glands, causing a sack-like mass to appear at the outer and upper portion of the orbit, most marked when laboring under any excitement, or when from any cause there was increased activity of the circulation. The glands, of normal size, could readily be grasped between the fingers. One year ago she came from a distance and requested to be operated upon; but, as it was solely for cosmetic purposes, the doctor advised her to wait, and if it became no worse to let it alone. Now she came and *demand*ed that something be done. She said she never could attend a party without the discolored sack-like protrusion becoming unpleasantly large.

As a rule, the removal of the lachrymal gland causes no inconvenience to the eye, excepting that the patients cannot relieve their sad emotions by the shedding of tears. Yet the removal of the gland has been followed by atrophy of the optic nerve, due to hemorrhage or inflammation.

The operation was made under ether narcosis, the operator desiring, if possible, to save the gland, and with that end in view removed a piece of skin of such size and shape that when the edges were brought together the parts would present a normal appearance. However, in endeavoring to remove a portion of the orbicularis in order to obtain a denser scar that would resist the outward pressure of the gland, it was found that the muscular fibres at this point had been almost entirely absorbed by the pressure, and as soon as a few fibres

had been removed the entire gland escaped through the slit, being adherent only by the ducts. The gland was entirely removed. There was but little hemorrhage, which was readily controlled by hot water. Healing was by first intention, and the faint linear scar will be hidden in the sulcus orbito-palpebralis, thus leaving no external evidence that an operation has been performed.

Foreign Body in the Eye.

DR. HOLMES also presented an enucleated eye, which exhibited how such a delicate organ as the eye may harbor very large foreign bodies for a long time without giving much evidence of its presence either by causing pain or active inflammation.

T. M., aged twenty six. While driving rivets he was struck with great force upon the left eye by a piece of iron, which he was positive was large and could not have entered the eye, but simply cut the cornea and then rebounded. This, of course, is the usual statement, and oculists give but little weight to them.

Four mm. from the upper margin of the cornea was found a horizontal linear scar about five mm. long, which, when seen by the operator four days after the injury, was sealed by lymph, and the lens was cataractous. The patient was informed that in all probability the foreign body was within the eye, and that the eye would have to be removed. To this he objected. The magnet was not resorted to, because the lymph four or five days after such an accident will envelop and firmly hold the foreign body. Two months afterwards the eye was still irritable but not painful, but the other eye gave evidence of irritation, and the speaker refused to have anything more to do with the case unless the eye was removed.

On opening the globe a piece of iron fourteen mm. long, prismatic in shape, four mm. at one end and three mm. at the other, and weighing five and one-half grains, was found firmly encapsulated laying diagonally across the lower ciliary process. The vitreous was straw-colored and liquefied. All irritation of

the other eye ceased at once upon the removal of the injured one.

DR. E. S. RICKETTS reported a case of

Pelvic Abscess Treated by Laparotomy.

Mrs. ———, aged thirty. Married for six years; never pregnant. Within two years after marriage the husband contracted gonorrhœa and infected the wife. Has had attacks of pain, accompanied with fever, located in the lower part of the bowels, as she expressed it. The last attack of pain with fever lasted three weeks. Coition was painful, and examining digitally, the uterus was found fixed, surrounded by a boggy mass, low down. Being convinced that I had a pus-tube as the primary cause of the cellulitis, I urged an abdominal section. The uterus was pushed to the patient's left. After the abdomen was opened and the index finger was introduced to explore, the pus-sac was very easily ruptured, the contents pouring out through the abdominal wound to the amount of near two pints. I turned out a large pyo-salpinx—right—which was so fragile that I accidentally tore it off near the fundus, necessitating the application of the Spencer Wells clamp forceps by the sense of touch. After the abdominal cavity was thoroughly washed out with warm filtered water the oozing of blood was free, but the hot moist sponge pressure controlled the same. A glass drainage-tube was adjusted. The temperature before the operation was 103°, not touching 100° after. In every case of pelvic cellulitis that I have opened the abdomen for, I have found that it was due to diseased tube or tubes.

DR. B. M. RICKETTS a case of

Lymphangitis.

I report this case as I recently heard of a similar one being in the City Hospital. The patient was a male, twenty-three years of age; good physique; of good parentage; height, 5 feet 10½ inches. When six months of age he had trouble with the right hip, which was lanced. Immediately following he had a swelling of the right leg; the

scrotum and prepuce also became oedematous, with here and there papillomatous growths. At four years of age it was necessary to bandage the leg. At ten years the bandage had to be made still tighter. The leg increased in size until about the sixteenth year. If you would prick the skin with a pin the lymph would fly. He went East and consulted several skin disease specialists. They advised doing nothing. About six weeks ago he took my advice and had circumcision performed. Union took place by first intention. The size of the penis diminished and the growths disappeared. The scrotum is very pendulous, being seven or eight inches long. The skin is very thick. I have advised removing one-half or two-thirds of the scrotum.

I have been able to find no such cases reported. I would be glad to hear from any one who has seen such a case. There seems to be obstruction of some of the superficial lymphatics.

DR. L. S. COLTER, after the reports of cases, presented the

Annual Report of the Secretary.

The titles and authors of all papers read during the year were as follows:

November 5, 1889—Valedictory Address, Dr. Jos. Eichberg. Infectious Phlegmon of the Pharynx, Dr. Jos. Eichberg. A Foreign Body in the Pharynx, Dr. J. A. Thompson.

November 12—Salutatory: Recent Progress in Ophthalmology and Otology, Dr. C. R. Holmes.

November 19—Relation of Omental Hernia to Pain and Diarrhœa, Dr. L. Freeman.

November 26—Forceps vs. Version in Delivery in Contracted Pelvis, Dr. W. H. Taylor.

December 17—Milk Inspection, Dr. Theo. Bange.

January 7, 1890—Influenza, Drs. Thompson, Thorner and others.

January 14—Influenza, Drs. Carson, Comegys and others.

January 21—Surgery of the Knee Joint, Dr. N. P. Dandridge. Lithopaxy in a Girl Six Years Old, Dr. J. C. Oliver.

February 4—Contraction of the Sacro-Uterine Ligaments, Dr. S. Stark.

February 18—Nodular Rheumatism, Dr. A. D. Birchard. Pathology of Nodular Rheumatism, Dr. O. P. Holt.

February 25—Specific Vaginitis in Children Complicated with Purulent Ophthalmia, Dr. S. C. Ayres. Relation of Rheumatism to Hemorrhage, Dr. C. B. VanZant.

March 18—Malignant Tumor of the Tonsil, Dr. T. V. Fitzpatrick. Mercurial Prepa-

rations Locally in the Later Manifestations of Syphilis, Dr. W. L. Mussey.

March 25—Fifteen Cases of Gonorrhœa Cured Without Treatment, Dr. B. M. Ricketts. A Tenotomy for Improving the Mobility of the Musician's Ring Finger. Dr. F. W. Langdon.

April 1—Herpes Zoster, Dr. C. E. Caldwell.

April 8—Landry's Paralysis, Dr. Jos. Eichberg.

April 22—Hysterectomy for Uterine Myoma, Dr. E. S. Ricketts.

April 29—Nasal Reflexes, Dr. J. A. Thompson. Two Cases Illustrating the Sequelæ of Influenza, Dr. J. C. Oliver.

May 27—Gangrene, Dr. E. W. Walker.

June 3—Focal Myelitis with Secondary Ascending and Descending Degeneration, Dr. Jos. Eichberg.

June 10—A Case of Cholecystotomy, Dr. R. B. Hall.

September 9—Supplemental Report on a Case of Cholecystotomy, Dr. R. B. Hall.

September 23—Inflammation of the External Auditory Canal, Dr. W. R. Amick.

September 30—Recent Methods of Operating for Stone in the Bladder, Dr. L. Freeman.

October 14—A Case of Disease of the Antrum of Highmore, Dr. T. V. Fitzpatrick. A Case of Systemic Degeneration of the Spinal Cord, Dr. G. F. Sudhoff.

October 21—Alcoholism: A Consideration of its Symptomatology, with Especial Relation to its Pathological Anatomy, Dr. A. B. Richardson.

Cases and pathological specimens presented during the year were as follows:

November 12, 1889—Presentation of an eye enucleated after injury from explosion of a cap, Dr. C. R. Holmes. Presentation of specimens of the ovaries and tubes from a case of double pyo-salpinx; and extirpated kidney with two renal calculi; an umbilical hernia operated on for its radical cure; and a single ovary and tube;—with histories of cases, Dr. E. S. Ricketts.

November 19—A case of rhinoplasty for syphilitic disease; plastic operation for epithelioma; plastic operation for extrophy of the bladder, Dr. B. M. Ricketts.

November 26—A case of mumps in a man with a probable association of puerperal fever in his wife, and an enlarged testis and death of the new-born babe, Dr. J. C. Oliver.

December 3—A case of hæmoptysis relieved by iodide of potassium, Dr. C. P. Judkins. A case of alleged hydrophobia; two cases of hypertrophic cirrhosis, Dr. Wm. Carson.

December 10—Specimens of three cases of cysts of the broad ligaments, with histories of the cases, Dr. E. S. Ricketts.

December 17—A case of milk cyst in a carcinomatous breast, Dr. R. B. Hall.

January 28, 1890—A case of marked subconjunctival hemorrhage as a result of pertus-

sis; cases of acute middle ear trouble following attacks of influenza, Dr. C. R. Holmes. Cancer of the omentum, Dr. E. S. Ricketts. A case of vaginal hysterectomy for cancer of the uterus, Dr. C. A. L. Reed.

February 4—Exhibition of a soft uterine myoma and a uterus extirpated for cancer, with report of cases, Dr. R. B. Hall. A case of extensive hepatic abscess, Dr. C. B. Van Zant. Three cases of œdemæ of the lower extremities following influenza, Dr. J. C. Oliver.

February 11—A case of pyo-salpinx, with exhibition of the specimens, Dr. R. B. Hall. A fresh specimen of orbital tumor, Dr. S. C. Ayres.

February 18—The depressing effects of antipyrine, Dr. W. H. Taylor.

February 25—A case of mastoid abscess, Dr. O. P. Holt. Specimen of perforating ulcer of the stomach, Dr. L. S. Colter. Specimen of perforating ulcer of the stomach, Dr. Wm. Carson. Specimen of ovary and tube, with history of case, Dr. R. B. Hall.

March 4—A case of fracture of the coccyx, Dr. C. B. VanZant.

March 25—A case of foreign body in the eye, Dr. C. R. Holmes.

April 1—A cyst of the epiglottis, Dr. Max Thorner.

April 8—A case of copavla eruption and one of herpes zoster, Dr. B. M. Ricketts. Exhibition of a new rib-cutter, Dr. N. P. Dandridge.

April 15—A case of epilepsy treated by trephining, Dr. B. M. Ricketts. Specimens of cancerous stomach and liver, and a cystic kidney with a calculus occluding the ureter, Dr. Jos. Eichberg. Hystero-epilepsy in a boy, Dr. Wm. Carson.

April 22—A case of general alopecia, Dr. B. M. Ricketts. A sliver of glass taken from the peritoneal cavity of a hospital patient at post-mortem, Dr. Jos. Eichberg. A case of carcinoma of the larynx, Dr. Max Thorner. A case of ascending myelitis, Dr. J. C. Mackenzie. A case of supernumerary uvula, Dr. J. A. Thompson.

April 29—Specimen of intra-ligamentous cyst, with history of case, Dr. R. B. Hall. Two specimens of cancerous uteri removed by vaginal hysterectomy, Dr. C. A. L. Reed. Specimen of large hydatid cyst of the kidney, Dr. F. P. Dorschug. Specimen of pneumococcus, Dr. J. C. Oliver.

May 6—A case of anophthalmia, Dr. C. R. Holmes. A case of purpura hemorrhagica, Dr. C. E. Caldwell. A case of acute miliary tuberculosis, a sequel of influenza, Dr. C. B. VanZant.

May 13—Specimens of supposed gallstones from a patient who had suffered with hepatic colic, Dr. F. W. Langdon.

May 27—Specimen of cyst from fimbriated extremity of fallopian tube, with account of case, Dr. C. A. L. Reed. Two cases of appendicitis, Dr. N. P. Dandridge.

June 3—Erysipelas in an infant, Dr. Jos. Eichberg. Operation for proclitencia and cystocele, Dr. R. B. Hall.

June 10—Specimen of sarcoma of the

ovary, with description of operation, Dr. R. B. Hall.

September 9—Specimen of tooth taken from middle meatus of nose, Dr. J. A. Thompson. Specimen of eye enucleated from a patient with chronic glaucoma, Dr. C. R. Holmes.

September 16—A case of severe hemorrhage after tonsillectomy, Dr. Max Thorner.

September 24—A case of sarcoma of the axilla successfully removed, Dr. B. M. Ricketts.

September 30—Forcible straightening for angular ankylosis of the knee joint, Dr. C. E. Caldwell. Specimen of ruptured popliteal aneurysm, Dr. N. P. Dandridge.

October 7—A case of unusual mobility of the larynx, Dr. Max Thorner. Specimens of membranous casts of the trachea expelled after intubating a case of diphtheria, Dr. C. B. Van Zant.

October 14—A case operated on for hare-lip, Dr. O. P. Holt.

October 21—A case of dislocation of the lachrymal glands, Dr. C. R. Holmes. A case of cerebral embolism, Dr. O. P. Holt.

October 28—Two cases of intubation of the larynx, Dr. Jos. Eichberg. Two obscure cases of renal disease, Dr. W. H. Taylor. A case of poisoning from eating a castor bean, Dr. J. A. Thompson. A case of pelvic abscess treated by laparotomy, Dr. E. S. Ricketts. A case of lymphangitis, Dr. B. M. Ricketts. Operation for dislocation of the lachrymal glands, Dr. C. R. Holmes.

PALPITATION OF THE HEART.

Dr. Nebo (*Journal de la Sante*), says that an excessive palpitation of the heart can always be arrested by bending double, with the head downward and the hands pendent, so as to produce a temporary congestion of the upper part of the body. In almost all cases of nervous or anemic palpitation, the heart immediately resumes its natural function. If the respiratory movements be suspended during this action, the effect is only the more rapid.

[We saw a demonstration of this feat by an intelligent friend who was subject to wildly irregular heart, but have never seen it in print before].

—*Southern Clinic.*

IN GIVING IODINE or the iodides internally for a considerable length of time, unpleasant symptoms often develop as a result, and it is a fact not generally known that these may be avoided by the daily administration of fifteen to twenty grains of sodium bicarbonate.

Selections.

THE TORSION OF ARTERIES FOR THE ARREST OF HEMORRHAGE.

There is no subject of greater interest to the practical surgeon than the arrest of hemorrhage.

This remark is equally true whether the hemorrhage comes from a wound accidentally inflicted, or one made intentionally by the surgeon's knife.

Without the means of stopping the flow of blood from bleeding vessels, the surgeon's art would be greatly crippled, and surgical operations, where blood-vessels must be divided, would be impossible.

There is no sight so appalling as a formidable hemorrhage. When a large artery is opened, the blood gushes out in an angry stream, the face becomes pale, the color leaves the lips, the respiration becomes sighing, the heart fails to beat, and death closes the scene. Without any knowledge of the circulation or nature of the blood, or of the means by which its flow from a wound could be arrested, what a terrible and mysterious sight it must have been to the early races of men to see one of their number perish from hemorrhage. What, for instance, must have been the sensation of our first parent, Adam, as he looked upon the wounds of his dead son, Abel, with the stain of his blood upon the ground.

Surgeons from the earliest ages have shared with the people this dread of hemorrhage, and have ever been striving for the best means for its control.

Upon no subject has our profession been more conservative than upon this one—the arrest of arterial hemorrhage.

Since the time of Celsus, notwithstanding the numerous methods which have been proposed for this purpose, but two, viz., the actual cautery and the ligature, have received the endorsement of the profession.

But, if the profession has been slow to endorse new methods, its confidence once gained has been most unwillingly surrendered.

From the time of Archigenes, who practiced in Rome shortly after the time of Celsus, up to the time of Richard Wiseman, Sergeant-Surgeon to King Charles II., the red-hot iron was the sole method employed.

Thus, this method of checking hemorrhage after amputation not two centuries ago was the same as that used for fifteen hundred years previous. The pertinacity with which surgeons adhered to the use of the actual cautery after Paré's great discovery of the ligature, well illustrates the fear in which surgeons stood of hemorrhage. They had used, and had seen their fathers use, the red-hot iron, and, notwithstanding the pain it caused and the interference with primary union, they were unwilling to discard the agent which long usage had taught them was successful.

In 1564, Ambrose Paré published his new discovery, which, to use his own language, "was taught him by the special favor of the sacred Deity." In this publication, as is well known, Paré demonstrated the value of the ligature as a hæmostatic. But, owing to the extreme fear of hemorrhage, and the criminal neglect of surgeons, it was two hundred years before it was adopted by the profession, and then it came into favor through the influence of Sharpe, one of the surgeons of Guy's Hospital, London, who boldly championed the claims of the ligature to popular confidence.

Since this time nothing has dislodged the position which the ligature has held as a hæmostatic in the opinion of the profession.

The efforts made by Sir James Y. Simpson, of Edinburgh, to substitute acupressure, and the still more recent endeavor of Dr. S. F. Spier, of Brooklyn, to substitute constriction for ligation, have most signally failed. The same statement may be made also in regard to torsion as a means of arresting arterial hemorrhage. It has not received the support of the profession to any extent, but unlike the other rivals of the ligature, it has had champions for hundreds of years, and still holds a place as a valuable means of arresting hemorrhage. This subject has received

but little attention by modern surgeons. The twisting of an artery to arrest bleeding is of ancient origin. It is spoken of by Celsus. A fact often observed, that an arm or leg may be torn from the body with the loss of only a few drops of blood, no doubt suggested the method. It has been advocated by such surgeons as Mussat, Dieffenbach, Schroeder and Syme. But the credit of bringing it prominently before the profession and establishing its efficiency is due to Mr. Bryant, the present distinguished surgeon of Guy's Hospital, London. At this hospital the ligature is seldom used, torsion being chiefly relied upon. Mr. Bryant tells us in the last edition of his "Surgery," that in two hundred consecutive amputations of the thigh, leg, arm and forearm, all of the arteries were twisted, 110 of them being the femoral artery, and that in no case was there secondary hemorrhage.

Mr. Bryant says: "The physiological arguments in favor of torsion are very great, and the practical advantages seem to be no less. After seven years' experience in its practice, applied to vessels of all sizes, the femoral being the largest, I have had no mishap. I have observed that wounds have united more rapidly and kindly, primary union being the rule. There has been less constitutional disturbance after operation, and consequently less liability to traumatic fever, pyæmia, and other complications such as we are all too familiar with in the practice of surgery. I have had stumps heal in a week, and the patient up in two weeks, without a single drawback, rapid and uninterrupted convalescence following the operation."

Having given this experience of Mr. Bryant, I desire now to give my own as observed at the Western Pennsylvania Hospital of Pittsburgh. At this hospital, torsion is almost exclusively relied upon to check the hemorrhage from wounded arteries or veins, whether the wound be produced by the surgeon's knife or otherwise. My experience with torsion as a hæmostatic dates back to the year 1872, when I became a member of the hospital staff. My colleague

had, previous to my connection with the hospital staff, been twisting arteries as large as the radial and ulnar. The facility with which this was done, and the fact that the wounds healed kindly and without secondary hemorrhage, induced me to follow their example, at first timidly, but with success came confidence. Having been successful in the amputation of a forearm with no untoward result, I ventured next to twist the brachial after the amputation of an arm; soon after this the axillary, and then the popliteal, and finally the femoral. And now, for the past eighteen years, torsion, for the arrest of hemorrhage after all surgical operations, has been the recognized, and almost the only method resorted to at this hospital. It is to be regretted that records have not been kept of the number of large arteries which have been twisted to arrest the hemorrhage.

The following is a table showing the number of arteries divided in cases of amputation, where torsion has been resorted to for the arrest of hemorrhage, at the Western Pennsylvania Hospital:

Femoral, - - -	116 times.
Popliteal, - - -	18 "
Axillary, - - -	18 "
Anterior tibial, - - -	317 "
Posterior tibial, - - -	317 "
Brachial, - - -	81 "
Radial, - - -	45 "
Ulnar, - - -	45 "

There are two methods by which the torsion may be applied:

1. Limited torsion, and
2. Free torsion.

In the first method, two pairs of forceps are required. The first pair grasps the vessel at its cut extremity, and pulls it from the sheath. It is then seized by the second pair at a point from one-half an inch to an inch above the cut extremity of the artery, this second pair being held at right angles to the long axis of the vessel. The first pair is then given three or four sharp turns.

By the second method (free torsion), only one pair of forceps is required. It is the one recommended by Mr. Bryant as not being so likely to injure the external coat of the artery. And this is

the method which was adopted in the cases which I have given.

A good pair of forceps is required which will hold the end of the artery firmly, that has no lateral motion and with serrations blunt enough to obviate any laceration or cutting of the parts seized by the blades. The vessel should then be drawn out as in the application of the ligature, and three or four sharp rotations of the forceps made. In large arteries, such as the femoral, the rotation should be repeated till the sense of resistance has ceased. The ends should not be twisted off. In small arteries, the number of rotations is of no importance, and their ends may be twisted off or not, as may be preferred. In all of the cases mentioned in the above table, free torsion of the arteries and veins was the method resorted to to control hemorrhage.

In addition to these cases of which we have a record, the method of torsion has been the one resorted to in all other surgical operations performed during this period, such as amputations of the female breast, the removal of tumors, the excision of joints, etc. It is within bounds to say that torsion has been resorted to at this hospital in thousands of cases without any mishap. We have had no case of secondary hemorrhage which could fairly be attributed to the method of controlling the hemorrhage.

The advantages of torsion as compared with ligation are:

1. The greater facility with which it can be applied.

I am fully aware that this proposition is disputed, but to those who are familiar with both methods there can be no doubt that torsion is the easier of the two. For the ligation of an artery an assistant is required to seize the vessel and draw it out while the ligature is applied. For torsion, the surgeon requires no assistant. The vessel must be seized by the forceps in either case. In torsion, it only requires three or four turns of the forceps to complete the process, which can be accomplished in as many seconds. When a ligature is applied, let the operator be ever so skillful, the thread may break or slip off the vessel; but if neither of these

accidents occur, the process cannot be accomplished in anything like the same time.

2. Torsion is a safer method, being less liable to be followed by secondary hemorrhage.

This proposition has been absolutely proven by the experience in the use of torsion at Guy's Hospital, London, and I have now given additional proof by the experience given in this paper.

3. Healing is facilitated because the wound is free from any irritating or foreign body.

This proposition is so plain that it should not require an argument. It was true before the antiseptic treatment of wounds had come into such general use, but is doubly so now. The catgut ligature is no doubt a safer ligature than the silk, for it does not require an ulcerative process for its discharge, and when this ligature has been made thoroughly antiseptic, it is no doubt the best. But a ligature rendered thoroughly antiseptic is not always at hand, and those surgeons who have had most experience with the antiseptic treatment of wounds will, I think, be the first to admit that, in spite of their most careful attention, septic germs are often introduced into the wounds by means of the ligature. Even after every precaution in preparation and preservation, the handling of a ligature in its application is a frequent source of infection.

But there are other objections to its use. The catgut ligature may dissolve before the artery has become closed by the natural hæmostatic process, or it may unbind. Both of these accidents have been the frequent cause of secondary hemorrhage.

On a recent visit to some of the principal hospitals of New York City, where the operators and assistants possessed the greatest skill, I was not surprised to see that in many instances a ligature broke, and in other cases slipped off the vessels before they were secured. This was to me exceedingly annoying to witness, when I knew that the vessels could have been so easily twisted while they were in the grasp of the forceps. When the question was

asked one of these operators, a distinguished surgeon: "Why don't you resort to torsion?" the reply was, "we are afraid to trust it." This answer might have been given with equal force by Richard Wiseman in the 17th century, when asked why he did not resort to the ligature instead of the red-hot iron.

In a matter so important as the arrest of arterial hemorrhage, it is proper that surgeons should be conservative, but there is such a thing as pushing conservatism too far. In the torsion of arteries, I claim we have an improvement upon ligation; its claims for recognition rest upon physiological arguments, which cannot be shaken, and its reliability as a hæmostatic has been proven by abundant experience.

Before closing this paper, let me say that I have already presented this subject to the profession at St. Louis, before the National Association of Railroad Surgeons, May 2, 1889. I have taken the liberty to quote freely from that address. I now desire to state that I reiterate all the opinions expressed at that time. Increased experience only confirms me in the truth of the statements. — J. B. MURDOCK, M.D., in *Weekly Medical Review*.

CONCUSSION OF THE SPINE.

About many subjects in medicine and surgery there lingers much indefinite knowledge. It is partly tradition handed down from one generation and one author to another, and yet it is not thrown aside because of a lack of anything more definite to take its place. It is therefore an agreeable task to chronicle an advance in positive knowledge. In no class of injuries has this been more needed than in those of so-called "concussion." Hitherto the views of Erichsen and Page have been authority, and they undoubtedly contain much that is fundamental and generally admitted to be true. It has been the fortune of an American surgeon, Dr. B. A. Watson, of Jersey City, to supplement these ideas by the published results of an elaborate series of experiments.

In the course of the work one hundred and forty-one dogs were experimented upon. The animals were uniformly dropped twenty-five feet, and were so hopped in one hundred and thirty-five cases that the blow was delivered on the nates, while the spine formed a nearly perpendicular line to this point. In six other cases the blow was received along the spine, while the head of the animal was sufficiently raised to prevent its coming in contact with the floor. Immediately before each trial a full record was made of the animal's weight, age, sex, pulse, temperature, respiration, and of the condition of the pupils. These observations were carefully resumed the day after the trial. Full pathological examinations, in gross and microscopically, were made by Dr. Frank Ferguson.

We can but briefly allude to the well-analyzed results given by Dr. Watson. The injuries received by the animals "were frequently compound and nearly always complicated, while in degree of severity they differed widely, being in some instances quickly fatal and in other cases they were so slight as to be imperceptible either in the post-mortem or microscopical examinations." The last record of vital conditions in the animals surviving the fall was made just before they were killed by chloroform. In 5 cases there were fractures of either the ribs or vertebræ; in 11 an incomplete rupture of the sacro-lumbar ligaments was found, but in every instance some pathological change had resulted also in the cerebro-spinal axis. Quickly fatal results happened in 4 cases. The spinal ligaments were stretched in 5.

Of injuries to the viscera the most frequent was hemorrhagic infarctions of the lungs, 36; then followed, in order, congestion of kidneys, 32; lacerations of liver, 15; ecchymosis of psoas muscles, 7; pneumonic hepatization, 5; hemorrhagic infarctions of liver, 4; and others of less frequent occurrence, including rupture of spleen, 1; of liver, 1; of kidneys, 2; of pelvic blood-vessels with considerable hemorrhage, 2; and of bladder, 1.

Dr. Watson intelligently discusses

many of the problems which this series of experiments presents. We deem his conclusions of sufficient importance to present them in outline as follows:

1. Concussive accidents never produce pathological changes in the cord unless great force has been applied to vertebral ligaments, or distant injuries so severe as to quickly prove fatal.

2. The symptoms develop immediately and are rarely intensified by morbid changes in the cord; exceptions, fractures, dislocations, and slowly developing hemorrhage causing pressure on the cord.

3. It is very difficult to demonstrate stretching of vertebral ligaments on living subjects. The lesion is frequently overlooked on autopsy.

4. Injuries of the cord, with visceral injuries in addition, develop symptoms dependent on the existing complication. The termination of the case rests on the character of the traumatism.

5. Concussive force, though remotely applied, frequently results in the production of severe and even fatal traumatism in various organs within the three trunk cavities.—*Med. Record.*

THE SPINAL COLUMN IN SUSPENSION.

Dr. James Cagney (*Journal of Anatomy and Physiology*, July, 1890, p. 585) has investigated the effect of traction upon the spinal column, and has found that whilst the concavity of the dorsal spine is lengthened, the convexity is shortened. Therefore the spinal cord would be loosened and not stretched by a straightening out of the column, as for instance by suspension. It is further shown that shortening and relaxation take place in all the curves when the body hangs freely by the arms. The action of the muscles is also mentioned, and is shown to tend towards the shortening of the spinal canal, and therefore to the protection of the cord which it contains.—*Supp. British Med. Journal.*

A WRITER in the *Medical World* reports a case of pregnancy in a woman seventy-one years of age.

DIFFERENTIAL DIAGNOSIS OF
MALIGNANT TUMORS.

ENCEPHALOID.	SCIRRHUS.	SARCOMA.	ADENOMA.
1st. Soft, elastic, not uniform.	1st. Hard and inelastic.	1st. May be soft and fluctuating, or hard.	1st. Soft and elastic.
2d. Rapid growth, large size, adhesions early.	2d. Slow growth, small size, late adhesions.	2d. Growth irregular, adhesions early.	2d. Slow growth, no adhesions.
3d. Pain slight and wandering; after ulceration severe and fixed.	3d. Pain early, sharp, fixed and lancinating.	3d. Very little pain until ulceration takes place.	3d. Pain very slight and neuralgic; menstrual if tumor affects the breast.
4th. Veins enlarged.	4th. Veins slightly enlarged.	4th. Veins slightly enlarged.	4th. Veins normal.
5th. Ulceration deep, foul, undetermined and bleeding.	5th. Ulceration deep, edges hard and abrupt.	5th. Ulceration sooner or later quite deep.	5th. No ulceration.
6th. Glands involved early.	6th. Glands involved late.	6th. Rarely if at all involved.	6th. Glands never involved.
7th. Occurs at any age, usually before 45th year.	7th. Usually occurs after 40th year.	7th. Occurs in adult middle life, 20th to 40th year.	7th. Occurs from 20th to 30th year, usually.
8th. Occurs most frequently in the breast, testicle and uterus.	8th. Breast, uterus, stomach.	8th. Connective tissue anywhere.	8th. In breast or other glands.
9th. Death occurs in from 9 to 12 months.	9th. Death in from 9, to 18, to 30 months.	9th. Death occurs early or late, simply a matter of time.	9th. Never kills.
10th. If in breast there is no retraction of nipple.	10th. There is retraction of nipple.	10th. No retraction of the nipple.	10th. No retraction of nipple.
11th. Family history is bad.	11th. Family history is bad.	11th. Family history is good.	11th. Family history is good.

Prof. Keen (*College and Clinical Record*) gave this table to the Jefferson

Medical College class, as of use in making the differential diagnosis of the above varieties of tumors.

GLANDULAR TUMORS OF THE
NECK.

Dr. J. W. White (*Therapeutic Gazette*) says:

1. Lymphatic enlargements, situated in the neck and dependent on constitutional causes, may arise from syphilis, carcinoma, and lymphadenoma.

When from *syphilis*, they affect by preference the posterior chain of glands, are small, freely movable, painless, bilateral, and yield readily to specific treatment.

If *carcinomatous*, they form a very hard, rapidly-growing mass, infiltrating surrounding parts, becoming fixed to everything beneath it, involving the skin, causing serious pressure symptoms, and followed by the development of cachexia. Operative treatment is useful, though only palliative.

If *lymphadenomatous*, they are rounded, regular, movable, painless, elastic or fluctuating, do not affect the skin, and are associated with anæmia, leucocythæmia, and with enlargement of other and widely removed lymphatics and of the spleen. The treatment should be tonic and supporting. Operative interference is useless.

2. *Scrofulous adenitis* is essentially a tubercular inflammation of glands, occurring usually in young persons with a scrofulous or phthisical family history, and with some form of local irritation superadded, which must be sought for in the mouth or pharynx or about the face or head. The glands are all characterized by a tendency to caseation, with or without suppuration, and form indolent masses, less defined, more fixed, and more tender than in lymphadenoma. The treatment in recent cases should be first hygienic and tonic, with fixation of the head, and, if possible, with cure of the proximate cause. If this fails, or without attempting it in old cases, excision should be resorted to.

3. *Simple adenitis* results from some source of local irritation, and constitutes an acute, tender, inflamed, poorly de-

ined swelling, running a rapid course or either suppuration or resolution. Treatment should consist in removal of the cause and in the application of resolvent lotions or ointments, or, later, in the free evacuation of pus.

LAPAROTOMY FOR PERFORATING TYPHOID ULCER.

There can be doubt that the question of whether or not laparotomy for the relief of perforation of the intestine, which is apt to occur in the course of typhoid fever, is a legitimate operation must be answered in the affirmative. Although it is the case, we believe, that no successful result has so far been recorded, we need not necessarily conclude that under favorable circumstances recovery from so serious a lesion with the aid of operative interference is impossible. Kussmaul, of Strasburg, Bartlet, of Birmingham, Morton, of Pennsylvania, and Senn, of Milwaukee, have each recorded a case of laparotomy for typhoid perforation. The patients, unfortunately, all died, the deaths taking place between the limits of three and eleven hours respectively. Again, Kimura, of the Naval Hospital at Yokosuka, in Japan, opened the abdomen of a man, aged thirty-four, in whom symptoms of perforation had developed in the course of an attack of typhoid. The operation was performed twenty-eight hours after the symptoms occurred. The peritoneal cavity was found to contain a large quantity of feculent matter, and the intestines to be covered with lymph. A perforation, the size of a small pea, was discovered in the small intestine about two inches above the cæcum. The edges of the perforation were inverted by the surgeon, and completely buried with ten interrupted Lembert sutures. The vermiform appendix, also being acutely inflamed and much changed in color, was ligatured and removed. The abdomen was thoroughly cleansed with a warm solution of dilute boracic acid, and antiseptic dressings applied to the wound. After recovering from the anæsthetic, the patient was cheerful, and quite free from the pain, which before had been

agonizing. About eight hours afterwards, however, violent pain in the abdomen recommenced; in the course of a few hours more collapse set in, and the man succumbed. At the post-mortem examination it was found that one of the sutures had involved part of an ulcer, and this leading to the giving way of the suture, extravasation had recurred. This case, as well as all those in which laparotomy for this lesion has been attempted, only shows more clearly the necessity of operating without the least delay as soon as perforation has supervened.—*Med. Press and Circular*.

SURGICAL TREATMENT OF TUBERCULOUS PERITONITIS.

M. Maurange (*Nouv. d'Obstétrique et de Gynéc.*, September, 1890) has collected statistics of seventy-one cases in which abdominal section had been performed for tuberculous peritonitis; 83 per cent. were operative successes, and of these about half were doing well one year after the operation. In many cases which afterwards died of other tubercular affections the peritoneal lesions were found completely cured. The precise way in which cure of the local affection is brought about by abdominal section is not clear; many theories have been advanced. M. Maurange maintains that the operation simply places the patient in a condition favorable for cure by unburdening the peritoneal cavity of its ascitic effusion, which is, moreover, a true cultivating fluid. The proceeding also insures antisepsis. Abdominal section is not only advisable in cases where a localized tuberculous area exists, but also in cases where the patient's general condition grows worse, and where the disease spreads whether ascites exists or not. Some surgeons are content to open the peritoneal cavity; others flush it with antiseptic lotions, dress it with iodoform, or drain. M. Maurange has seen good results follow a less extreme practice than abdominal section. The ascitic fluid is removed by aspiration; antiseptic washing with subsequent evacuation of the fluid follows the aspiration,

and lastly variable quantities of a mixture are injected into the peritoneum. This mixture consists of four grammes of iodoform dissolved in one hundred grammes of liquid oil of vaseline. This injection can be safely repeated, considering the small proportion of the iodoform and the weak absorbing power of the diseased peritoneum.—*Supp. British Med. Journal.*

TREATMENT OF TUBERCULOSIS WITH BORACIC ACID.

For the past five years, Dr. Gaucher has been studying the action of boracic acid on pulmonary tuberculosis. He has recently made public the results which so far have accrued from his researches. He first of all determined by means of experiments on animals the toxic limits of the acid when administered internally, and he found that this stood at the ratio of about a gramme to a kilogramme of the animal's weight. As to its subsequent elimination from the system, he found that this took place very readily and even rapidly by way of the renal secretion; there was therefore little fear of any accumulation or tardy cumulative action. But what was an equally important and desirable result, he found that the boracic acid was also eliminated appreciably through the expectoration; the sputum of tubercular patients whom he had subjected to this treatment was found to be very freely charged with the acid. Some of his experiments are not only interesting, but certainly encouraging in their ascertained results. For example, he took two or three rabbits and injected into their lungs through a needle syringe a few drops of a solution of pure tubercular culture. In this way he set up a local tuberculosis which became caseous but not generalized. Some of the animals soon succumbed to pulmonary tuberculosis, and the surviving ones were shortly after destroyed. Well-marked phthisis was found in all post-mortem. He next repeated his inoculations on healthy rabbits in precisely the same manner, but he now fed the animals on bran mixed with boracic acid. After a time these also were

sacrificed, but, contrary to what he found in his initial experiments, their lungs were quite free from any tubercular lesion, neither was any found elsewhere. It is submitted that, although these experiments on rabbits may not be altogether conclusive as to a like action of boracic acid on human tubercular subjects, they are at least—in the face of the enormous mortality from phthisis and hopelessness of therapeutic methods in general in this disease—worthy of serious attention and more extended trial. As to clinical results, so far as it has been tried, the boracic acid treatment has been found to bring about a notable diminution in the expectoration, which became more fluid and less purulent. Considerable time is, of course, necessary before speaking of remote or final results, but in the cases in which the treatment has been tried, and which have been under observation for a considerable period, it may be said that in general they improved in every way, while the tubercular trouble in the lung appeared to be at a standstill. The dose administered in these cases was one gramme in divided doses in the twenty-four hours. This, on the weight theory, must be considered insufficient. Taking the average weight of a patient to be sixty kilogrammes, and putting the limit of dose at twenty centigrammes for every three kilos, four grammes of the acid should be given per day, the dose being, of course, graduated up to this amount. Boracic acid will be found as a rule to agree well with the stomach, and is easily taken; it is not caustic, has no disagreeable taste, and in some cases was found even to check the diarrhoea when this existed.—*Paris Correspondent, Lancet.*

IS DIABETES MELLITUS COMMUNICABLE?

Now that the bacillus is abroad, certain diseases hitherto considered as hereditary, or at least not communicable, have come to be regarded as such. The latest addition to their number is diabetes mellitus. Dr. Richard Schmitz (*Berlin. Klin. Woch.*) has noticed that in some instances husband

and wife become diabetic, without being able to trace, in the one becoming first affected, any hereditary predisposition, or ingestion of too much saccharine matter, or any other cause. In the course of some years, he found it twenty-six times in 2,320 cases, and the circumstances were very similar in all. They were persons hitherto considered quite healthy, with few exceptions married people, and chiefly women; and they had become suddenly diabetic after having nursed a patient suffering from diabetes for some time, slept continuously in the same room, or otherwise had intimate relations with him. Hereditary predisposition did not exist in a single case, nor was the second patient a blood relation of the first. No apparent cause could be discovered: too much sugar had not been taken, and there was no history of arthritis. These cases formed more than 1 per cent. of the whole, and occurred under similar circumstances, so that mere coincidence may be excluded. In the absence of any obvious cause, the question may be asked whether a transmission of the diabetes did not take place in these cases—a possibility which is strengthened and favored by the long and intimate connection between the individuals. Schmitz gives the clinical history of seven of these cases, where persons intimately related—chiefly man and wife—were attacked by glycosuria during or shortly after the illness of their friends.—*Practitioner*.

A RATIONAL TREATMENT OF SCIATICA.

For the relief of pain in very severe cases, says Hammond, (*N. Y. Medical Journal*), it is absolutely necessary to use morphine. It should be injected hypodermically, as near the nerve as possible. In milder cases, phenacetin, antipyrine or acetanilide might be used. To relieve the neuritis, dependence is placed almost entirely upon rest, the application of cold, and the use of electricity.

Absolute rest is attained by keeping the patient in bed and employing the old-fashioned long splint, reaching from

the axilla to the sole of the foot. It should be attached so as to leave the thigh and sole uncovered for the use of electricity. The splint should be removed for a short time every fourth day, in order to manipulate the joints and muscles to a slight degree. Cold should be applied to the sciatic region by means of ice bags.

Electricity is very useful, and only the continuous current should be employed, and in the following manner:

The negative electrode should be nine by four inches in size and should be strapped to the sole of the foot. The positive electrode about five to six inches square should be applied over the gluteal region, over the point of the exit from the pelvis of the sciatic nerve. If there are any tender points along the course of the nerve, this electrode should be changed occasionally, so as to cover them. The strength of the current should not be such as to cause much pain, but should fall short of this. The continuous current should be applied twice daily for about five minutes at each *seance*.

RELATION OF TONSILLITIS TO RHEUMATISM.

Dr. R. Hingston Fox (*British Medical Journal*), says:—

1. Evidence justifies us in associating together as allied diseases, the following group: Scarletina, diphtheria, enteric fever, the forms of tonsillar inflammation, classed under epidemic sore throat, simple tonsillitis, and, lastly, acute rheumatism. This might be styled the "lympho-rheumatic" group of diseases, having some of the following features in common: Acute lesions of the tonsil or of other lymphatic organs of the digestive tract, arthritis, inflammation of endocardium and pericardium, and of serous cavities. In all but rheumatism the course is fairly definite. It is common, even in simple tonsillitis to find some signs of a cardiac disturbance. The second sound is markedly accentuated, and both sounds are generally re-duplicated.

2. There are no grounds as yet upon which to base any hypothesis as to the

morbid processes in this group of diseases. It is clear however, that the lymphatic system, with which the tonsils, ileo-cæcal glands, serous cavities, and perhaps the joints, are connected, is especially concerned.

3. Evidence does not at present justify the inclusion of true quinsy in this group of associated diseases.

SUBCUTANEOUS INJECTION OF WATER AND ITS THERAPEUTIC USES.

Professor Sahli, of Berne (*British Med. Journal*) has just published a paper in which he forcibly draws attention to a simple method of rapid and safe introduction of large quantities of water into the system. The method consists in the subcutaneous injection of a sterilized blood-warm physiological saline solution (that is, a 0.73 per cent. solution of chloride of sodium) by means of a large Erlenmeyer's flask, with an elastic tube and a hollow needle as thick as a knitting needle. As much as one litre of the solution can be easily injected in from five to fifteen minutes. If necessary, the procedure may be safely repeated four or five times a day. The best situation for the injection is the anterior abdominal wall. On such occasion the skin should previously be thoroughly washed with soap and corrosive sublimate, and the puncture subsequently sealed with æseptic cotton-wool and collodion. Under such precautions not the slightest signs of any local reaction are ever observed. In some patients, especially in those with flabby abdominal integuments, the procedure causes but trifling pain; in very sensitive or restless persons, however, general anæsthesia is advisable. The effects of the injections are thought to be as follows:

1. Under certain conditions they thoroughly wash out the patient's system by inducing profuse diuresis accompanied by a strikingly increased elimination of solid constituents of the urine.
2. They dilute the body juices and poisonous substances present therein.
3. They furnish the necessary water supply to dehydrated tissues.

4. They aid the filling up of blood vessels, and thus raise an unduly lowered arterial tension.

Such subcutaneous injection of water is indicated:

1. In cases of uræmia complicating the course of either acute or chronic nephritis, where the injection of a litre of the solution once or twice daily is, as a rule, rapidly followed by a striking abatement of all symptoms. The best results, however, are frequently obtained when the injections are combined with the internal administration of digitalis.

2. In the "typhoid" state, where frequently even after the very first injection delirium ceases, the pulse becomes stronger and fuller, the tongue moister, etc., etc.

3. In Asiatic cholera, cholera nostras, infantile diarrhœa.

4. In poisoning by any toxic substances, but especially by those which are liable to be eliminated from the organism through the kidneys.

5. In cases where an internal use of water should be avoided (in order to secure physiological rest of the gastrointestinal tract) for instance, in cases of perforation of the stomach or bowel, peritonitis, ileus, etc.

6. In cases of acute anæmia from hemorrhage.

The method is contra-indicated (1) in cases of incipient or expected pulmonary œdema; and (2) in the presence of severe dropsy.

CHLORIDE OF SODIUM AS AN ANTISEPTIC.

Fritsch, of Breslau, recommends chloride of sodium in solution, carefully sterilized and warmed, for the purpose of douching wounds after operations instead of the antiseptics ordinarily in use. This solution he has employed in such operations as removal of uterine fibro-myomata, ovariectomy, and in one Cæsarean section, in all cases successfully. In his opinion, cold antiseptic solutions should never be used in surgery, but always douches of chloride of sodium, sterilized and warm, 0.6 per cent. strength. He believes that by this

means patients complain of less discomfort after the operation, and more quickly recover. — *Med. Press and Circular*.

TREPHINING FOR EPILEPSY RESULTING FROM AN OLD INJURY.

In December, 1889, I saw Prof. —, thirty-eight years old, a self-made man, a book-worm and a scholar, who for five years had been suffering from convulsions, digestive trouble, which he, as a patient, had learned to call gastric ulcer; severe pain in the left shoulder, left side of his neck and base of his brain. All these pains were much more severe at time of the convulsions. The attacks visited him usually every two months, sometimes three, and in one instance six months elapsed. The attack was usually preceded a few minutes by a peculiar pressure on his brain, as he expressed it. Unconsciousness would come on suddenly. He would fall if standing or walking. The attack would last an indefinite period, usually from two to four hours. His physicians told him that during this time he would have a number of convulsions. Not having seen him while in one of these, I do not know their character.

He would gradually recover consciousness, and at the end of from one to two weeks would resume his work. Following the first attack, bromides were administered. Several physicians of ability treated him at various times. Also an eminent surgeon was consulted, but the bromides were continued for five years. His stomachic symptoms received medical attention for several years. He grew gradually worse.

A red spot on the left frontal region three-fourths of an inch from the coronal suture and in line with the temporal ridge, attracted my attention. Digital pressure was applied and all the symptoms but the convulsion were produced. He felt even a nausea. On inquiry it was found that when ten years old, while engaged in a horse race, he was thrown head foremost into a pool of water, which was bottomed with gravel. He sustained a lacerated and contused

wound, of so little significance that his parents did not observe it. It healed quickly. Eight years later the cicatrix became swollen and tender. A physician was consulted and a small fragment of pebble was removed by him. At intervals the cicatrix would swell a little and become tender. No notice was given this.

In October, 1884, while enjoying excellent health, and engaged in hard mental labor, he was awakened one night by a severe pain under the left scapula, gradually ascending the neck and base of the brain on the same side. He dressed himself to leave the room. This was the first of a series of similar attacks heretofore described.

The symptoms developed by pressure alone were sufficient to indicate trephination, which was advised. Dr. F. J. Weed was consulted, and on his recommendation, the patient presented himself for operation a few days later. A button of bone an inch in diameter was removed immediately underneath the cicatrix. The pericranium was firmly adherent to the bone, the external surface of which was concave and roughened, with a small, round depression in the centre passing almost through the outer table. The internal surface of the bone was normal. The dura mater was firmly attached to the bone, and much thickened—so that it formed a mass. A part of this was excised. There was no fracture and no depression of the cranium.

The wound was drained and closed by catgut suture. Primary union followed. The patient made a speedy recovery. As soon as he recovered from the anæsthetic, he felt that a load had been taken from his brain. Seven months later, in a letter, he describes his condition as follows:

"The operation has restored me to perfect health. Since the day of operation I have had no symptom of the former trouble. The glands in my throat that formerly secreted so much cheesy matter are almost well. I have been at hard mental labor ever since."

When I first saw him, his throat was coated with the "cheesy" discharge, which probably arose from the

bad condition of his stomach. The entire train of symptoms so misleading depended on the inflammatory thickness of the dura mater, causing irritation with pressure on the brain. A careful examination revealed no foreign body in the cicatrix. Just previous to an attack, the cicatrix would frequently swell and become tender. In what manner this swelling and tenderness and the attack of convulsion communicated with each other—the one within the other without the bony wall—I do not fully comprehend. The only external traumatic evidence was the cicatrix in the scalp and the absorption of the external table to the extent of two-thirds its thickness. The internal evidence was a thickening of the dura mater, resulting from inflammation. The tender cicatrix and the train of symptoms caused by pressure upon it, serve as a sufficient indication for operative procedure.—G. W. CRILE, M.D., *Cleveland Med. Gazette.*

CIVILIZED DIETETICS.

The results of clinical experience are not always in accordance with the conclusions drawn by physiologists from observation and experiment, and whether applied to the healthy human machine or to the diseased organism, many of the maxims which physiologists are so fond of laying down require to be submitted to the test of experience before they can be admitted to the arcanum of knowledge. The conflict of the two schools of dietetics leads to some confusion in the minds of practitioners, and serious differences of opinion prevail even among trainers, who have to deal with the human being under the most favorable circumstances, as to the best means of obtaining a maximum of physical force in exchange for a minimum amount of food. A very great change has come over the scene in the matter of athletic dietetics of late years, and the change possesses considerable interest for the physiologist, but into this it is not our intention to go just now.

The address recently delivered by Sir William Roberts before the Man-

chester Medical Society places the confusion to which we have alluded in a clear light, and shows the necessity for some medical prophet who shall weld prevailing beliefs and customs into a harmonious whole. No one, perhaps, is better fitted for the task than Sir William Roberts himself, and the fact that we cannot conscientiously credit him with having realized one's ideal must be construed to be indicative of the fallacious, and often misleading, nature of our knowledge on a subject which is at least as complicated as it is important. He ascribes the existing confusion mainly to a want of appreciation of the right method of investigating questions relating to diet, the only valid basis being a painstaking and unprejudiced objective study of the food customs and habits of mankind. These customs and habits, he remarks, have been arrived at by the same free play of natural instincts, under the regulating force of the same universally acting biological laws, as the food habits of wild animals. Civilization, in other words, is not the antithesis of nature, but simply one form of development—one branch, in fact, of natural history. Hence the dietetic habits of civilized communities are as natural in their way as those of the rabbit or the squirrel. Any divergence of this standard from what we are pleased to call the normal may therefore fairly be accepted as an instance of natural adaptation to altered conditions, and, further, we are warranted in concluding that there lies in each main feature of this standard some important beneficial purpose to the community. It is only when the subject of diet is viewed in this broader light that it will be possible to give greater coherence and stability to one's notions on dietetics. As, however, the dietetic needs of the individual vary according to his circumstances of environment and his inherited or acquired peculiarities, the office of the medical man is to bring his special knowledge to bear for the purpose of adjusting the rational standard of diet to the idiosyncrasies and changing needs of the individual. Even then, however, he has to be guided largely by the pa-

tient's own feelings, for no *a priori* considerations are worth a straw if they clash with observed facts. The only questions to be asked or answered, according to Sir William, are, does the patient like this or that article of diet, and does it agree with him? For some reason or other tea and coffee have come to be looked upon as luxuries, but, as Sir William Roberts points out, articles which have come into such general use in a thriving and ascendent community, probably respond to some need, and are in the long run beneficial. It must be admitted that this kind of argument is open to many objections, and can only appeal to physical optimists, for it might be extended to justify many habits which we know to be the reverse of beneficial either to the individual or to the community. To call them brain-foods as he does, is to beg the question, for there is ample evidence to show that the highest forms of intellectual work are possible with, nay, are even facilitated by, a minimum of indulgence in this direction.

It cannot, however, be denied that the restrictions imposed by medical men on the diet of patients is oftentimes the outcome of prejudice or whim, and it would be well if the practitioner paused awhile and considered whether or not the object in view might not be better attained by some less drastic method. First of all, there is no absolute standard of what is right and proper when individual stomachs are in question. The safest guide in such matters, under ordinary circumstances, is the patient's own palate. This organ acts under the guidance of a natural instinct that is rarely at fault, though many persons mistrust its indications as if they were the suggestions of some frivolous and wanton agency rather than a skilful and trustworthy guide in the choice of food. At the same time he is careful to remind us that the sense of taste, like any other sense, may go wrong and betray the confidence of its possessor. It is the duty of the practitioner to detect these eccentric or vicious palates, and to assist their owners in neutralizing their evil promptings.

To sum up the recommendations, a

change of diet is often better than mere restriction, and it will often answer the purpose to diminish the quantity of a particular article instead of prohibiting it altogether. The change may be in kind, in quantity, or in the disposition of the meals. This is the secret of the success of the *cures* at watering-places, with their rigidly enforced dietetic and hygienic rules, and the result can be attained on much less onerous terms if only the patient can be induced to modify his regimen accordingly. The last form of adjustment is that which imposes itself as persons pass from youth to old age. Digestion and assimilation are on the wane, and the intake, both in quantity and kind, must be modified accordingly. On the whole, it is well to beware of hard and fast lines, for no two cases are exactly alike, and their management is complicated by collateral circumstances which have to be taken into account.—*Med. Press and Circular*.

DIETETIC RULES IN DISEASES OF THE DIGESTIVE ORGANS.

Dr. J. Boas (*Deutsche med. Zeit.*, No. 43, 1890) deals generally with the dieting of stomach and intestinal disorders. In considering diet in such conditions, three points must be looked to: (1) The constitutional condition and the state of nutrition of the patient; (2) the surroundings and customary habits of the patient. Thus, the dietetic treatment of the workman must be considered from another standpoint than that of the well-to-do. Thirdly, the most important point is the prescription of diet with the actual disturbance of digestion in view. The stomach, for example, gets out of order in two of its functions—the motor and the chemical; absorption in the stomach plays a very small part in the functions of the organ, so that an endeavor must be made (by the use of the stomach sound) to discover (1) whether there is a disturbance of the gland function, and whether there are fermentative processes going on; (2) whether the motor activity of the stomach is at fault; or (3) whether both these conditions are present.

There are cases, for example, in which the stomach seems incapable, owing to deficiency of gastric juice, of digesting proteids; in these cases the digestion of carbohydrates may be perfect. Proteids in these cases must, therefore, be given in a prepared or semi-digested form (albumen, peptone). In these cases fat is digested with difficulty, or, rather, is split up into fatty acids by the fermentation in the duodenum, and so does not enter the lymph channels in the usual form of an emulsion of neutral fat. Sodium chloride is useful in these cases, since it helps to form the hydrochloric acid of the stomach, which tends to stop fermentative processes. On the other hand, there are cases where there is hyperacidity in the stomach. In these cases proteids are exceedingly well digested and carbohydrates but feebly acted upon, so that the digested forms, such as dextrines, malted foods, etc., have to be prescribed. For insufficiency of the motor activity of the stomach, enemata of half a litre, with a proper diet, are beneficial.—*Supp. British Med. Journal.*

COCOANUT AS A TÆNICIDE.

Mr. G. H., aged about thirty-five; always enjoyed good health; noticed some time ago last fall that segments of a tape-worm appeared in the discharges from the bowels.

He was ordered to fast for twenty-four hours and take, before breakfast, pumpkin-seed tea, to be followed by a laxative. The result was about eighteen feet of worm passed, and he seemed well for about eight weeks when segments again appeared in the stools, and were also discharged while at study or sleep. He was accordingly prescribed male fern, which was followed by the expulsion of fifteen feet of *tænia solium*, giving again seeming health for four or six weeks, except that he was unable to sleep well; complained at the time of the reappearance of the worm-segments, and of an inability to concentration of thought. He never seemed to have any other symptoms of the parasite. He now used chloroform, and another time turpentine, but with no good

results, when he by chance ate a cocoanut, and was surprised to find that he had discharged a complete tape-worm. Since then I have used cocoanut frequently as a tænicide, and find it pleasant in that it brings the worm without the usual administration of a cathartic.—W. R. ALLISON, M.D., *Medical Age*.

TO RESTORE THE COLOR OF THE HAIR.

H. L. Harris, San Lucas, Cal. writes to the *Medical World* as follows:

One who is prematurely gray, can, by taking one drachm of jaborandi daily, restore his hair to its natural color, as the jaborandi possesses the power of restoring the coloring pigment. I received my information from a doctor, sixty-two years old, who took it himself, and kept his hair a natural color, and so preserved a youthful appearance. The drug can be taken in divided doses. Say, that one drachm may be divided into four or five doses, thus taking the quantity daily.

[All the same, we would not advise anyone to try the prescription without fully taking into consideration the physiological action of the drug].

—*Medical Age*.

THE most evil-smelling of substances is said to be the newly discovered substance known as thioketone, a mono-sulphuretted acetone (C_4H_7S), which has an odor in comparison with which that of sulphuretted hydrogen, or percaptan, is agreeable. It is impossible to distil a small quantity without infecting the whole neighborhood with the vilest of smells.—*London Med. Recorder*.

PHYSICIANS desiring microscopic examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

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The Week.

THE OHIO HUMANE SOCIETY.

To minister to those who are suffering from the pangs of disease and injury is the every-day business of the physician and surgeon, and it seems to us there can be no other occupation that is fraught with greater joys and pleasures than those we find in being able to restore to usefulness an injured limb and to health a diseased body. Unfortunately we all too frequently are made to see the sorrows of poverty that are seasoned with the distress of dissipation and that are so often made devilish with a cruelty that is born of the evil one.

This devilish brutality manifests itself in the power of the strong over the weak: As in those lowest of all creatures that bear man's image, and gratify a fiendish disposition in exhibitions of cruelty to helpless women and children.

For the conservation of righteousness, good order and good government, the legislatures of most of the states have felt the necessity of making pro-

vision for the personal protection of weak women and helpless children whose hapless fate it has been to be united in family ties to those inhuman creatures.

In the State of Ohio some philanthropic people have obtained articles of incorporation for an organization known as the Ohio Humane Society, the functions of which are to see to the effectual enforcement of all laws enacted for the better protection of helpless women and children, as well as that of dumb animals. It is entirely beyond the bounds of language to enter into detail and describe the amount of good and salvation from suffering that this society has accomplished.

In order to its efficient working and continuation of its beneficence, it was felt that the society should occupy its own building, and further provide for the employment of additional officers to aid in the enforcement of the humane laws.

To carry this into effect it was determined to hold in the Cincinnati Music Hall a Humane Bazar. This was taken in hand with the greatest enthusiasm by the ladies all over the city and suburbs. Such enthusiasm in every direction has not taken hold of the people since the event of the great sanitary fair, held during the late war. Booths have been erected in the great hall, and the whole building turned into a vast mart, presided over and managed by hundreds of the Queen City's fairest matrons and maidens.

The great purpose of the society, the protection of the weak and innocent, appeals directly to the better natures of every one and gives us a realizing sense of the great fact that there is a brotherhood of man, as well as a benevolent fatherhood of God.

A visit to the bazar, while medita-

ting over the blessings we each enjoy, reasoning to ourselves that if there is a common brotherhood of man, then surely all these beautiful women are our sisters, our mothers, our cousins and aunts. The thought itself is beautiful, and then we would have every one of our readers to know that it is nothing at all, a vision, a misty dream in comparison with the feeling sensation that just overpowers one in his realization of the actuality of the occasion. A dining room with tables little and large, that are laden with angel's food, and fluids that have an aroma of Araby the blest, all conspire to waft us into a belief that we are verily in the ethereal home of the saints, where we are to forever bask in the sunshine of perennial bliss. The concept of the oriental heaven pales before the paradise of the Humane Bazar; as we note the actuality of the presence in bodily form of so much grace and comeliness, so much of the stately and beautiful. By and by there is an awakening, as from a trance, from our dream of Heaven and heavenly sounds and things. It is bound to come. Like the measles and mumps, it affects nearly all alike. It is the counter-irritation produced by a flattened and empty purse. This, and this only, can make a man wish the bazar, and its influence over him, to ever end. The purpose of its mission, however, will be like the brook, going on and on, joyously bubbling, babbling, and rippling, ever doing good in its protection of the weak, innocent and helpless.

INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, U. S. A.—The eleventh volume contains 14,262 subject titles of separate books and pamphlets, and 38,080 titles of articles in periodicals.

It includes 9,539 author titles, representing 4,535 volumes and 8,908 pamphlets. The eleven volumes thus published contain over 117,000 author titles, representing about 59,000 volumes and 102,000 pamphlets. It includes about 122,000 subject titles of separate books, and 375,000 journal articles.

An effort to comprehend the vastness of this great work will, in some measure, indicate the comprehensiveness of a study of medicine. We are almost overwhelmed in contemplation of its extent and magnitude.

AMONG the papers presented at the last meeting of the American Association for the Cure of Inebriety, held at Hartford, Thursday, November 6, were three read by Dr. J. B. Mattison, of the Brooklyn Home for Habitues, on "Opium Addiction, as Related to Life Insurance;" "Triple Narcotic Addiction—Opium, Alcohol, Cocaine—two cases—Recovery," and "Twenty-seven Years' Addiction to Opium—Recovery."

OBITUARY NOTICE.—Arthur B. Carpenter, M.D., of Cleveland, O., died suddenly at his residence, October 15, at the age of thirty-seven, of fatty degeneration of the heart.

Dr. Carpenter was eminently a self-made man, of commanding presence and genial address. He had attained a large practice in the domain of gynecology, to which subject he had contributed many valuable articles. He was an active worker, and took a prominent position in the local and national medical societies. In his untimely death, the medical profession of Ohio has lost a most valuable member.

According to an expressed wish his remains were cremated at Buffalo.

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HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending November 7, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping- Cough.		Diphtheria.		Croup.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....							1	2			
2.....							1				1
3.....							6	1	2	1	
4.....			1				1				1
5.....							1				
6.....			1				1				1
7.....							2				
8.....											
9.....							1				
10.....							1	1	1		
11.....							2	2	1	1	
12.....							4				
13.....							2	1	1	1	
14.....							1				
15.....							1				
16.....							1				
17.....							1	1			
18.....							2				
19.....							3	1			1
20.....											1
21.....											
22.....							1	1			
23.....							3				
24.....							3				
25.....							1				
26.....							1				
27.....							2		1		
28.....								1			
29.....											
30.....							2				
Public In- stitutions											2
Totals.....			2				43	13	5	4	7
Last week.			4				38	9	1	3	5

The following is the mortality report for the week ending November 7, 1890.

Croup.....	4
Diphtheria.....	13
Typhoid Fever.....	7
Other Zymotic Diseases.....	2—26
Cancer.....	1
Consumption.....	15
Other Constitutional Diseases.....	3—19
Apoplexy.....	2
Bright's Disease.....	2
Bronchitis.....	5

Convulsions.....	3
Heart Disease.....	3
Peritonitis.....	3
Pneumonia.....	9
Other Local Diseases.....	16—43
Deaths from Developmental Diseases.....	9
Deaths from Violence.....	2

Deaths from all causes.....	99
Annual rate per 1,000.....	15.84
Deaths under 1 year.....	17
Deaths under 5 years.....	33
Deaths for corresponding week of 1889....	108
Deaths for corresponding week of 1888....	76
Deaths for corresponding week of 1887....	142

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 66 cities and towns during the week ending October 31, 1890:

Diphtheria: Akron, 2 cases, 2 deaths; Amelia, 1 case; Beverly, 2 cases; Carthage, 3 cases; Chillicothe, 2 cases, 3 deaths; Cleveland, 10 cases, 8 deaths; Columbus, 15 cases; Cincinnati, 43 cases, 13 deaths; Dayton, 19 cases, 5 deaths; Defiance, 5 cases; Elmore, 3 cases; Forest, 2 cases, 1 death; Fostoria, 1 case; Hudson, 1 case; Mansfield, 1 case; Nelsonville, 1 case, 1 death; Painesville, 1 case, 1 death; Sandusky, 2 cases, 2 deaths; Springfield, 6 cases, 1 death; Tiffin, 5 cases, 1 death; Toledo, 7 cases; Upper Sandusky, 8 cases, 1 death; Woodville, 3 cases, 1 death; Youngstown, 2 cases, 2 deaths; Zanesville, 2 cases.

Scarlet Fever: Amelia, 1 case, 1 death; Cincinnati, 2 cases; Cleveland, 14 cases; Columbus, 3 cases; Dayton, 5 cases; Ironton, 1 case; Lorain, 7 cases, 1 death; New Lisbon, 6 cases; New Richmond, 1 case; New Straitsville, 2 cases; Shawnee, 1 case; Tiffin, 1 case. Toledo, 8 cases, 6 deaths; Woodville, 1 case; Youngtowns, 2 cases; Zanesville, 1 case.

Typhoid Fever: Amelia, 6 cases; Bellevue, 6 cases, 2 deaths; Cedarville, 2 cases, 1 death; Celina, 3 cases; Chillicothe, 6 cases, 2 deaths; Cincinnati, 4 cases, 7 deaths; Chagrin Falls, 1 death; Chicago, 2 cases; Cleveland, 5 cases, 2 deaths; Columbus, 3 deaths; East Palestine, 1 case, 1 death; Fostoria, 3 cases; Kent, 1 case; Mansfield, 1 case; New Straitsville, 2 cases; Sidney, 1 case; Springfield, 3 cases, 1 death; South Charleston, 1 case; Toledo, 1 death; Upper Sandusky, 1 case; Wooster, 7 cases; Youngstown, 2 cases, 1 death; Wabash Tp., 4 cases, 2 deaths.

Whooping-Cough: Akron, 1 death; Pemberville, 20 cases, 1 death.

Measles: Amelia, 4 cases; Cleveland, 3 cases; Gloucester, 1 case; Ironton, 2 cases; Nelsonville, 2 cases.

No infectious diseases reported to health officers in 21 towns.

C. O. PROBST, M.D., Secretary.

CONGRESS OF HYGIENE AND
DEMOGRAPHY.WASHINGTON, D. C., }
October 27, 1890. }*Editor Lancet-Clinic:*

DEAR SIR:—I am requested by the Honorable Secretaries of the Committee of Organization of the Seventh International Congress of Hygiene and Demography to call attention to the fact that this Congress will be held in London during the week beginning August 10, 1891.

The governments of all countries and municipalities and all public health authorities, universities, colleges and societies occupied in the study of the sciences more or less immediately connected with Hygiene are invited to coöperate and appoint delegates to represent them at the Congress. The Prince of Wales will preside.

A committee of organization has been formed, of which Sir Douglas Galton is chairman and Prof. W. H. Corfield and Mr. Shirley F. Murphy are

honorary secretaries. An exhibition of articles of hygienic interest will be held in connection with the Congress. The last of these Congresses was held in Vienna in 1887 and was attended by over two thousand persons, and it is expected that the London meeting will be one of great magnitude and importance. Very respectfully,

JOHN S. BILLINGS, M.D.,
Member of the International Permanent
Committee.

THE ALVARENGA PRIZE. — The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Senor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14, 1891. Essays intended for competition may be upon any subject in medicine, and must be received by the secretary of the college, Charles W. Dulles, M.D., on or before May 1, 1891.

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A WEEKLY JOURNAL OF
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Whole Volume LXIV.

Original Articles.

THE RELATION OF OPHTHALMOLOGY TO GENERAL MEDICINE.

A Paper read before the Union District Medical Society, at Rushville, Ind.,
April, 1890,

BY

C. R. HOLMES, M.D.,

Ophthalmic and Aural Surgeon to the Cincinnati Hospital; Clinical Lecturer on Diseases of the Eye, Miami Medical College; Professor of Ophthalmology to the Woman's State Hospital and Medical College.

As the human body is composed of various and distinct parts, yet all depending upon each other to make the perfect structure, so the science of medicine, divided and sub-divided as it is now, can not boast that any particular division can successfully administer to all the wants of suffering humanity without drawing to its aid the resources of all departments.

Of these, the relation of ophthalmology to general medicine is not the least important. And is this to be wondered at, when we consider to what an extent disease of the eyes influences the welfare and happiness of the patient? Anatomically considered, the eye is certainly an important organ; of the twelve cranial nerves, it receives six, and to this must be added the sympathetic. Each of these may be the means, and the only means, of conveying the information of a deeper-seated lesion.

The eye is the window through which we can study physiological, but especially pathological, conditions and changes taking place in the most delicate structures of the body—study it

from the time it begins to diverge from the normal standard, perhaps as a mere hyperæmia, until the effects of a violent inflammation has left the imprints of its destructive powers as plainly as the track of a tornado. And these alterations going on within the tissues of the eye, made plain by the aid of the ophthalmoscope, do, in many instances, but reflect on a small scale the changes going on in various other parts of the body.

But this very fact of intimate relationship between the eye and the rest of the body makes it important that the lines of demarcation between ophthalmology and general medicine should not be drawn too closely. As the oculist should have a good general knowledge of medicine, so the general practitioner should be at least sufficiently familiar with eye affections to be able to make a correct diagnosis of such diseases as may be mistaken for affections belonging to his department, and the non-recognition of which might lead to serious consequences. An acute glaucoma mistaken for iritis and treated with frequent instillations of atropia; the same disease mistaken for a simple neuralgic attack and treated on that line, while vision is rapidly and hopelessly lost, all of which could have been avoided by proper medication or prompt surgical interference; or the gradual but painless failure of sight due to tobacco amblyopia treated as a case of biliousness, are illustrations of what might occur.

On every hand we are confronted by patients suffering from affections of the nervous system, a goodly share of them caused by defective eyes. Indeed, as high an authority as J. Hughlings-Jackson says that without a good knowledge of ophthalmology a methodical

investigation of diseases of the nervous system is not merely difficult but impossible.

Diseased conditions of the brain or its membranes can sometimes be diagnosed by the aid of the ophthalmoscope before other positive symptoms appear, and in the majority of cases these symptoms appear later on, and act as valuable checks to other signs. The optic nerve is so frequently the seat of the manifestations of these changes that the presence or absence of choked disk is one of the earliest symptoms sought for in making up a diagnosis. But "choked disk" may exist in a marked degree without the slightest interference of vision, and if not examined ophthalmoscopically, valuable information and time may be lost, or an incorrect diagnosis made.

Ophthalmology has not always been of such importance to general medicine. Before 1850, or the period prior to the invention of the ophthalmoscope, the interior of the eye was a dark secret; at that period Helmholtz, probably the greatest living physicist, invented this instrument, by the aid of which a new field of research was opened up, and ophthalmology placed upon a firm foundation. This master mind also solved the problem of accommodation, the power by which the eye can form a distinct image of an object at one or one thousand feet.

Few stop to think how many of the general diseases do in some way or other affect the eye, and a brief review of them will, I trust, not be devoid of interest. Of the various systems, the urinary furnishes one of the most interesting forms.

Albuminuria: Prior to the discovery of the ophthalmoscope physicians had noted that failure of vision was at times associated with Bright's disease. This instrument has rendered the fundal picture of this disease familiar to every physician. The eye may be attacked in two different ways in albuminuria. One where partial or even complete transitory blindness results, without any visible alterations in the fundus; and we must regard it as due to the action of the pathological products in the

blood acting upon the nerve centres, probably causing anæmia with or without œdema. In the second form we have gross changes, such as œdema of the retina, hemorrhages, and later on formation of white spots due to secondary changes of the hemorrhagic exudations, and in others to fatty degeneration caused by the interference with nutrition of nerve tissue.

The characteristic stellate or white or yellowish spots around the macula are due to a fatty degeneration of the rods of Müller.

The relation of these changes to the existing condition of the kidneys varies much. The ocular symptoms may precede all other obtrusive symptoms, while in others it is a late symptom, and in some it never appears.

Leukæmia also attacks the eye by causing a retinitis, with hemorrhages, but the rarity of this disease causes it to be of little interest. Yet should a patient with this disease come under your care I hope you will have the ocular symptoms carefully examined, and microscopic examination made of the posterior portion of the eyes should a post-mortem take place.

Syphilis: This hydra-headed monster furnishes an extensive field for the ophthalmic surgeon. It may affect various structure: The lids present ulcerations—chancres; the cornea the interstitial keratitis of congenital syphilis; the iris becomes the seat of plastic exudation or gummatous formations; the ciliary body the seat of gummata; the retina is affected by general inflammation; the vitreous becomes the seat of dust-like opacities; the choroid is a target on which the bullets of this disease leave many a mark of varied form and size, from the small pigment spot to the large more or less regular spots, with or without pigmented margins. The early discovery of these ulcerations in the choroid and retina is of the utmost importance, for, being painless, the retinitis or choroiditis may not be suspected until far advanced. Sometimes only one eye is affected, and both are involved, but not in or near the region of the macula, the patient frequently only complains of slight

haziness of vision, and often this is attributed to "biliousness."

In *Diabetes*, the eye furnishes also instructive and positive signs of the tissue alterations due to this disease. In many cases the patient has had diabetes for years, which was never suspected till the retinitis or beginning cataract caused them to consult an oculist. The picture of diabetic retinitis resembles much that presented in albuminuria. In fact, Allbuth, in his exhaustive and able work on the ophthalmoscope in 1871, doubted the existence of diabetic retinitis, and regarded the cases reported as due to Bright's disease associated with the diabetes but overlooked by those who reported the cases. That he was mistaken was soon demonstrated by a host of competent observers. Cataract is, as every one knows, frequently associated with diabetes. Diminution of visual power and feeble accommodation, without any changes visible in the fundus, do also frequently exist. The chief changes consist of a hyaloid degeneration of the intima of the arteries and numerous capillary aneurysms. The same vascular changes have been found on post-mortem to exist in the brain, kidney and spleen.

Tobacco now and then exerts its influence upon the eye in the form of failure of vision—contraction of the field, gradual loss of color-sense, and finally atrophy of the disk. The reason why it attacks so few of the many using it is still a mystery; neither can we explain its absence among the Turks, a race so thoroughly addicted to its use.

Lead poisoning does in some cases affect the eyes, generally both eyes at the same time, with rapid failure of sight; sometimes without changes of fundus, but more frequently changes resembling those of albuminuria, and ending in atrophy of the nerves.

Large doses of quinine and salicylic acid do rarely cause transitory amblyopia.

In *Chronic alcoholism* we sometimes find one or both disks atrophied.

Tuberculosis of the choroid was first observed with the ophthalmoscope by

Ed. Jäger, in 1855. Tubercles are also found, though rarely, in the retina and iris. They appear as yellowish-white or reddish-yellow irregular spots, varying in size from one-fourth to three-fourths the diameter of the disk, and in number from one to twenty or more. They are, however, rare, and almost never found except in general tuberculosis.

The eyes also become affected to a greater or less degree in the following acute general diseases:

Typhoid fever: Amblyopia during convalescence from this disease is not rare. The optic neuritis and atrophy which have been described by some is regarded by others as being due to meningitis, mistaken diagnosis having been made, such cases being meningitis and not typhoid fever.

Typhus fever: Single or double atrophy of the optic nerves have frequently been recorded as following this disease.

Measles gives us conjunctivitis, but the deep-seated structures are probably never affected.

Scarlet fever does not deal so gently with the eye. Uræmic amaurosis, neuro-retinitis and atrophy have been recorded.

Acute rheumatism has led to partial or total loss of sight in one eye on account of an embolism plugging the central artery or some of its branches.

Malarial fevers, especially those of of tropical climates, frequently cause changes in the eye, such as retinal hemorrhage, neuro-retinitis and atrophy—the first being frequent, the latter rare.

Erysipelas of the face is sometimes followed by loss of sight and nerve atrophy, regarded as being due to invasion or pressure of nerve-trunk by extension of the cellulitis into the orbit. The sloughing of lids and ulceration of cornea, and even panophthalmitis, are more frequent.

Variola: Neuro-retinitis has been observed in this disease. Leber's cases occurred during the stage of desiccation.

Diphtheria is frequently followed by interference with perfect vision, due to paralysis of one or more of the ocular

muscles. Excepting in rare cases, there are no ophthalmoscopic changes.

In *Whooping-cough* feeble or even loss of sight does occur, due to anæmia from cardiac weakness. Loomis maintains that failure of vision generally occurs in this disease in weakly children greatly prostrated, who generally die of lobular pneumonia. Extensive conjunctival hemorrhage is now and then seen, due to rupture of capillaries by mechanical pressure during paroxysms of cough.

Pyæmic or metastatic panophthalmitis, retinitis and retinal hemorrhages, one or all, are present in not a few cases of *pyæmia* and *septicæmia*. Puerperal pyæmia being the most frequent, it is caused by septic embolism, generally having their origin from deposits of endocarditis. The more general use of the ophthalmoscope in general medicine has demonstrated that retinal hemorrhages are frequent in pyæmia and septicæmia, generally occurring during the last two or three days of the patient's life; generally found in both eyes, and hence their appearance prognosticates a grave state of affairs. The heart is not always affected in these cases, and the hemorrhage may be due to plugging of one or more arterial branches by septic emboli, but may also occur independently, even on the conjunctiva.

Changes in the valves or walls of the heart do of themselves not lead to any direct disturbance of vision, but pulsation of the veins is frequent, of arteries rare, in *aortic regurgitation*. The fact that arterial pulsation does occur aside from that due to glaucomatous tension, must be remembered.

Dilatation, hypertrophy, initial insufficiency, etc., exert less influence upon the vessels of the retina than upon any other in the body, because of the regulating influence of the intra-ocular tension.

Acute anæmia from hemorrhage may cause slight or total loss of vision, which may be transient or permanent, developing at the time of hemorrhage or not until a few hours or days afterward. These symptoms are more fre-

quent after spontaneous than after traumatic hemorrhage. Gowers offers as an explanation that in spontaneous hemorrhage due to pathological changes the patient's health is generally impaired, while the majority of surgical or traumatic cases are in good general health. Numerous cases are reported by high authorities. Fries, in vol. xvi. of Zehender's "*Augenheilkunde*," gives an interesting *résumé* of this subject. The loss of sight is generally sudden. Both eyes are generally equally affected. In 10 per cent. of the cases but one eye was affected; 5 per cent. one eye blind and the other slightly affected. Partial recovery occurred in 30 per cent. of the cases, complete in 20 per cent. Permanent total loss in 50 per cent.

Hemorrhage from the stomach is much more fatal to vision than from any other source. Schimer observed a case of loss of sight in both eyes after hæmatemesis, Mierny one after blood-letting. Landesberg observed unilateral blindness two weeks after cessation of profuse metrorrhagia, and in another case gradual loss of sight after profuse nose-bleed; in a third case unilateral blindness following frequently repeated hemorrhage due to uterine fibroid. After each hemorrhage of any size vision deteriorated, remaining stationary in the interim.

Many theories have been advanced to explain the ocular changes due to various forms of hemorrhage. Von Graefe ascribed it to retro-ocular hemorrhage. Samuelsohn explains it as due to nervous connection between the stomach and the corpora quadrigemina, as lesions of the latter are supposed to cause gastric hemorrhage.

Simple chronic anæmia rarely causes any change except pallor of the fundus. Hirshberg and others have reported cases of neuritis and neuro-retinitis.

Chronic pernicious anæmia often has associated with it retinal hemorrhages if not involving the region of the macula. They cause no disturbance, and may escape notice.

In *Purpura*, hemorrhages may, and frequently do, occur into the retina, generally in the neighborhood of the optic disk.

As one would naturally expect, affections of the nervous system are intimately associated with changes in the eyes.

Transient cerebral hyperæmia does not, in any appreciable degree, cause a similar condition in the eye.

Chronic cerebritis without meningitis may have associated with it inflammation of the optic nerves.

Cerebral softening and *meningitis from syphilitic disease of vessels* frequently has associated with it nerve alterations.

Tumors within the cranial cavity are very frequently associated with optic neuritis, but the size or rapidity of the growth does not appear to have much influence over it, for optic neuritis has been found where there was only a small tubercle present. Neuritis did not develop in Gower's case of sarcoma, which reached the size of the closed fist. It grew from the dura and compressed the posterior part of the parietal lobe, although the disks were examined at frequent intervals until the patient's death, six months after the onset of the symptoms. It may be taken as a rule that the existence of optic neuritis is present in 80 to 90 per cent. of all cases of cerebral tumors.

Internal hydrocephalus generally causes atrophy of the optic disks without any, or only very slight, signs of neuritis. Atrophy is generally due to pressure of the distended third ventricle on the optic chiasm.

Simple meningitis of the convexity is rarely associated with changes of the optic nerve.

Tubercular meningitis occurring at the base seldom has tubercular deposits in the choroid, but not infrequently there is neuritis — always double. There appears to be sufficient clinical data to establish the fact that cases of meningitis not infrequently recover, and Gowers, Hutchinson, Allbutt and others point out that many cases of optic nerve atrophy of old standing give a history of acute cerebral symptoms like those of meningitis. Gowers and Garleich point out that in a considerable number of cases the symptoms of meningitis are distinct before the

ocular changes are developed. The discovery of optic neuritis only corroborates the diagnosis of meningitis. In very many of the cases of meningitis the positive symptoms are latent or dubious, but on ophthalmoscopic examination we find optic neuritis, which becomes a valuable aid in forming a diagnosis.

Syphilitic meningitis, when localized at the base, generally causes neuritis; if on the convexity, optic neuritis may or may not be present.

In *epidemic cerebro-spinal meningitis* optic neuritis is rare. Purulent irido-choroiditis is more frequent.

Injuries of the head—blows, etc.—are not infrequently followed by neuritis and atrophy. Cases have occurred where the injury was so slight that the patient did not stop to consider it when inflicted, and yet it led to the loss of vision.

Locomotor ataxia has frequently atrophy of the optic nerves associated with it, but no accurate statistics as to the percentage of cases running their whole course without involving the optic nerves have been published, because the long duration of posterior sclerosis makes it difficult to watch them. It is of especial importance to remember that the atrophy of the optic nerves may precede the symptoms of spinal changes for months or years in this disease. Pathological investigation has also demonstrated that the posterior columns and optic nerves may be involved at the same time and yet no continuity of degeneration could be traced. For these reasons we must regard the spinal and optic nerve affections as developing independently of each other but no doubt due to a common cause, the nature of which, at present, we do not understand.

In *Lateral sclerosis* changes are very rarely found in the optic nerves.

Disseminated sclerosis may cause amblyopia, due to sclerosed patches involving the nerve, not destroying its functions but weakening them. In some cases atrophy supervenes.

Exophthalmic goitre causes no lesion of the eyes interfering with vision, the prominence of the eyes not affecting the

sight unless the proptosis should be so great that the lids cannot protect the cornea and sloughing of the latter may follow, as I have seen. In a few cases pulsation of the retinal arteries has been observed, due to the violent pulsation of the arteries of the neck.

And lastly, but not least, I shall mention the aid ophthalmology has rendered to medicine by giving relief to a large class of sufferers from head-pains by correcting errors of refraction by proper lenses—aiding weak muscles by prisms; or weakening them by surgical interference when too strong.

REGARDING THE USE OF CARBONIC ACID GAS IN GONORRHOEA AND GLEET.

BY

THOMAS C. MINOR, M.D.,
CINCINNATI.

The therapeutic application of carbonic acid gas to numerous diseases is not new. Medical history gives innumerable instances of the efficacy of this agent in phthisis, asthma, cancer and all varieties of ulcerations, including erosions of the uterine neck. For irrigation of the bladder in cystitis, gaseous injections of carbonic acid afford the most rapid and immediate relief, providing the quantity of gas in the charged syphon is not in too great excess, in which case there is occasional danger of vesical colic from over-distension of the bladder. There is no simpler agent known that will so speedily disinfect and purify putrid urine as carbonic acid gas, and the most ardent believer in microbes must admit that gaseous water containing this acid is death to such organisms. Carbonic acid gas is not only a powerful aëptic and antiseptic, but likewise a wonderful analgesic, its anæsthetic properties in burns over limited surfaces being well marked. Baths in waters containing an excess of this acid are useful in neuralgia and rheumatism, while its application in diphtheritic ulcerations would, it seems to the writer, serve to meet a long-desired want; lime-water charged with the gas would most undoubtedly

not only act more efficaciously in checking exudation, but likewise prevent extension of the disease owing to its antiseptic qualities, while the relief of hyperæsthesia in the pharynx, larynx and nasal fossæ would be immediate owing to the marked analgesic properties of the remedy. The surgical application of this gas as an antiseptic has long been neglected, although a century since it was used for this purpose with marked success, and it seems strange that operations under its spray have not taken the place of such a disagreeable and poisonous agent as carbolic acid. The physiological actions of the remedy are well understood, having been faithfully studied many years since. At the present day, when the gas is readily obtained, either in aqueous solution in a syphon, or as a liquefied gas in a retort, every practitioner can easily and safely use the remedy in private or hospital practice.

For some months past the writer has used the gas, when practicable, in the treatment of gonorrhœa and obstinate gleet, and its success has been so marked and the remedy so harmless and simple that the mention of a few cases thus treated may not be without interest.

June 10, 1888, D., colored; bell-boy at G. hotel; acute gonorrhœa, with all the usual symptoms, including intense pain in urethra whenever micturition occurred and a profuse discharge of purulent matter. A syphon of seltzer-water was procured, to the mouth-piece of which a rubber tube two feet in length was attached; at the further extremity of this an ordinary champagne tap, with stop-cock, was attached. The end of this tap being introduced into the urethra, was firmly held *in situ* and the valve turned. The urethra was fully distended by the gaseous water, and was under pressure for two minutes, when the patient was suddenly seized with violent colicky pains in the suprapubic region, followed by an intense burning sensation along the entire course of the urethra, which persisted for some three minutes, after which a medium-sized sound was passed without the least difficulty or pain, the carbonic acid having seemingly anæsthetized the

mucous membrane of the canal. This operation was practiced morning and evening, with the exception of passing the sound, for five days, at the end of which time the patient was discharged. After each of the gaseous injections the patient invariably had the pain in the supra-pubic region. No medicine was used in this case, unless the seltzer-water, containing a certain amount of salts in solution with the carbonic acid, might be deemed medicinal.

During the summer of 1888 at least three other cases were treated in the same manner, with varying results as to the duration of treatment, and in all these cases the marked effects of checking discharge and allaying urethral irritation were manifest. One of these cases recovered in five days, but in the other two cases the disease persisted for at least two weeks before it disappeared. In these cases, as in the first, the supra-pubic pain was intense.

Further experimentation was discontinued until the winter of 1889, when two more cases were treated in a similar manner; also a case of gleet of eight months' standing. The former cases yielded to treatment, one in five days and the other in about two weeks. In the case of gleet almost three weeks' time was consumed before the patient was perfectly well.

During the present year (1890) two cases of acute gonorrhœa were most satisfactorily treated, one yielding in six days and the other in two weeks.

The supra-pubic pain following the injections has been noticeable in all of these cases, and is the only objection offered to the application of the treatment; in fact, in several cases, when attempts were made to apply the remedy a second time, the patients objected so strenuously that the treatment was not pursued further.

The advantages of this plan of treatment may be briefly enumerated:

1. Its ready adaptability. A patient, after having the method used once or twice, can apply the treatment himself.

2. The speedy diminution in the amount and character of the discharge.

The amount of discharge is usually lessened at least one-half by the second day of treatment; it loses its purulent character, becoming thin and watery.

3. The advantage of an entirely local treatment, without change of diet. No nauseous drugs like copaiba and sandal wood are given to upset the stomach, and in two instances where the patients took a few glasses of beer daily no change was made in food or drink, although those patients who did not take stimulants yielded most rapidly to treatment.

Care should be taken when the supra-pubic pain comes on to immediately relieve the tension in the urethra and allow the seltzer or vichy to flow from the urinary passage. In cases where not very intense pain results the gas may be allowed to have full play on the mucous membrane for four or even five minutes.

Several medical friends in this city are now experimenting with this, so far as the writer is aware, new plan of treatment, with varying results. Dr. W., who will probably report some cases before one of the societies, at my suggestion used the carbonic-gas water, warmed, for vaginal irrigation in several cases of leucorrhœa with surprisingly good results; also in a case of cystitis, where the results were more than usually beneficial.

As the treatment is so simple, it merits a trial at the hands of careful practitioners. The apparatus is not complicated, being only a charged syphon with a rubber tube armed at the urethral end with either a champagne tap or a female catheter; thus any one can easily make the therapeutic application. It has seemed to the writer that in cases of stricture a catheter could be connected with the gas-containing tube and the pressure of the gaseous water from the syphon be made to distend the urethra directly in front of the instrument, thus avoiding unnecessary laceration and hemorrhages.

In making these irrigations it is well to remember that the patient should void his urine before the injection is used.

Society Reports.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of November 4, 1890.

The President, MAX THORNER, M.D.,
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. B. P. GOODE reported two cases of

Mitral Disease of the Heart.

Speaker said that the first case he would present is one that the late Dr. Dun presented to the society shortly before his death. Perhaps some of the members present might remember the case.

The patient, a male; is sixteen years of age and well developed. At the time that Dr. Dun presented the case he had a very remarkable murmur. Do not remember what Dr. Dun's opinion of the case was. After his death the patient fell into my hands. For a while the murmur seemed to increase in intensity, but at present, when patient is quiet, there is no murmur heard at all. Under excitement, however, the murmur is heard very distinctly.

The other case I wish to present has been under my care for the past two years. Prior to that she was a patient of the late Dr. Muscroft. She is a single woman, thirty-eight years of age. At the age of fifteen she was quite ill. Can obtain no definite history of the case except that there were continued attacks of dyspnea, and that patient became quite feeble. When I saw her first, two years ago, I discovered a presystolic murmur. I was not satisfied then that there was any other murmur. During the last year, however, a mitral regurgitant and a tricuspid regurgitant murmur have developed. She has also developed bronchitis and enlargement of the liver. There has been only a very little dropsical condition.

DR. CARSON: From examination of

the case I think there is undoubtedly a mitral regurgitation. The pulse, feeble and intermittent, is characteristic of mitral lesion.

DR. GOODE: The liver in this case is considerably enlarged. There is no kidney affection present. Dropsy is less liable in these cases than in others. I regard it as a mitral regurgitation. The prognosis of the case is unfavorable.

DR. C. P. JUDKINS reported a case of

Stricture of the Intestine.

Eight months ago I was called to see a woman, sixty-five years of age, janitress of a building. She was a tall, spare, muscular, woman, a hard worker. She was complaining of constipation and pain in the abdomen. She had at one time been an opium eater, but had broken the habit three years ago. I found she had considerable distension of the abdomen and a general sense of soreness. She had had no stool for a week. Her appetite was good. She slept good. There was tympanitis over the abdomen. The urine was normal.

I gave the patient a cathartic. It produced an irritative fever, and increased the tympanitis and pain in the abdomen. It produced no stool. I used injections, but had no success. The case ran on this way for thirty days. I discontinued all treatment except expectant. Very much to my gratification, she had an operation at end of thirty days. Then for three weeks she had no stool. Whenever a cathartic was given there was marked disturbance. After a time I asked for consultation. Dr. Palmer saw the case with me and pronounced it a case of chronic tympanitis. He suggested nux vomica and the aloin pill at night time. There was no stool. The symptoms increased. Resumed the injections and gave anodynes. At end of a week the injections produced an evacuation. The evacuations were all well formed. Dr. Palmer saw her three or four times. A diagnosis of stricture was ignored on account of the character and formation of the stools. Morphia disagreed with the patient. I tried laudanum, and after she had been taking it for about forty-eight hours, she had a large operation from the bowels. I con-

tinued the laudanum with varied results. The patient went on from bad to worse. Last Thursday she had fecal vomiting. Friday she died. On Saturday I made a post-mortem. There was but very little fluid found in the abdominal cavity. There were no adhesions. Extending from the hepatic region to the left iliac fossa, was the transverse colon, markedly distended. Extending upwards from the sigmoid flexure to the spleen, and curving downward again to the left iliac fossa, to juncture with the transverse colon, was the descending colon, at least three inches in diameter, engorged with fecal matter. There was marked obstruction at junction of the descending colon with the sigmoid flexure. This condition was never suspected nor discovered on examination. There was never any enlargement found.

The case illustrates: First, the cathartic action of opiates. Invariably when continued, opiates produced stools. Second, cathartics invariably produced irritative fever. Looking back over this case, you will see that cholotomy might have been made with good results. The diagnosis of stricture, however, was never made. A microscopical examination of the stricture has not yet been made.

DISCUSSION.

DR. E. S. RICKETTS: This is a case in which an explorative incision is to be resorted to, even though there were no symptoms of stricture present. The incision would not have been of much risk to the patient, and then the diagnosis would have been made.

DR. WM. CARSON: I would like to ask Dr. Ricketts what would have been the method of procedure in this case? There was nothing to show the locality of the trouble. Would he make an exploratory incision, and afterwards a cholotomy? The difficulty of diagnosing the point of obstruction is very great.

DR. RICKETTS: The idea of the explorative incision is to find out where the trouble is located, and then decide what is to be done. Under these circumstances a lumbar cholotomy could have been made either at the same

time as the explorative incision, or, if thought advisable, at a later time.

DR. R. B. HALL: I think that Dr. Judkins' case illustrates the necessity of exploratory incisions in cases of abdominal obscurity. An operation after the exploratory incision could easily have been made. Anterior cholotomy would have been easily performed. If thought best, we could have closed up the abdomen, let the patient recover, and then make the cholotomy. It would have been exceedingly easily done. Long-continued tympanites indicates obstruction. This case has impressed upon me the necessity of explorative incisions in all such cases.

DR. A. B. RICHARDSON: This case recalls a somewhat similar one that occurred in my practice in a chronic dementia case in the asylum.

Patient was a male, fifty-five years of age. Had been insane fifteen or twenty years. He was very much demented. Did not speak. It was difficult to ascertain what had been the condition of his bowels, as he always went to the water closet. He was seized with acute obstruction. Cathartics and injections produced no actions. After four or five days there was a sudden free discharge from the bowels. We supposed there had been some acute obstruction. The tympanites subsided. Palpation was negative. In several months he had a recurrence precisely similar to the first. He was treated with injections and other remedies for constipation. In four or five days it relieved itself. This condition occurred four or five times. Finally, in one, death resulted. The recovery from the previous attack had not been complete. There was no post-mortem made in this case. The interesting point was the recurrence of the obstruction.

DR. JUDKINS: I admit what Dr. Hall and Dr. Ricketts have said. Like them, I would have cut her, now that I know what the trouble was. The exploratory incision in this case was discussed, but decided in the negative. It was looked upon as a case of a paralytic condition of the bowels. What would they have done if they would have cut her and found a mere paralysis of the

bowels? I introduced a sixteen inch rectal tube and found nothing. I don't agree with these gentlemen in regard to the trifling nature of opening the peritoneal cavity.

Selections.

PEROXIDE OF HYDROGEN AND OZONE.

THEIR ANTISEPTIC PROPERTIES.

Dr. Paul Gibier, Director of the Pasteur Institute of New York, read the following notes on the use of these agents before the International Medical Congress, held at Berlin, Germany, on the 7th of August, 1890:

Since the discovery of peroxide of hydrogen by Thenard, in 1818, the therapeutical applications of this oxygenated compound seem to have been neglected both by the medical and the surgical professions; and it is only in the last twenty years that a few bacteriologists have demonstrated the germicidal potency of this chemical.

Among the most elaborate reports on the use of this compound may be mentioned those of Paul Bert and Regnard, Baldy, Péan and Larrivé.

Dr. Miguel places peroxide of hydrogen at the head of a long list of antiseptics, and close to the silver salts.

Dr. Bouchut has demonstrated the antiseptic action of peroxide of hydrogen, when applied to diphtheritic exudations.

Prof. Nocart, of Alfort, attenuates the virulence of the symptomatic microbe of carbuncle, before he destroys it, by using the same antiseptic.

Dr. E. R. Squibb,⁽¹⁾ of Brooklyn, has also reported the satisfactory results which he obtained with peroxide of hydrogen in the treatment of infectious diseases.

Although the above-mentioned scientists have demonstrated by their experiments that peroxide of hydrogen is one of the most powerful destroyers of pathogenic microbes, its use in thera-

peutics has not been as extensive as it deserves to be.

In my opinion the reason for its not being in universal use is the difficulty of procuring it free from hurtful impurities. Another objection is the instability of the compound, which gives off nascent oxygen when brought in contact with organic substances.⁽²⁾

Besides the foregoing objections the surgical instruments decompose the peroxide, hence, if an operation is to be performed, the surgeon uses some other antiseptic during the procedure, and is apt to continue the application of the same antiseptic in the subsequent dressings.

Nevertheless, the satisfactory results which I have obtained at the Pasteur Institute of New York with peroxide of hydrogen, in the treatment of wounds resulting from deep bites, and those which I have observed at the French clinic of New York, in the treatment of phagedenic chancres, varicose ulcers, parasitic diseases of the skin, and also in the treatment of other affections caused by germs, justify me in adding my statements as to the value of the drug.

But, it is not from a clinical standpoint that I now direct attention to the antiseptic value of peroxide of hydrogen. What I now wish is merely to give a full report of the experiments which I have made on the effects of peroxide of hydrogen upon cultures of the following species of pathogenic microbes: *Bacillus anthracis*, *bacillus pyocyaneus*, the bacilli of typhoid fever, of Asiatic cholera, and of yellow fever, *streptococcus pyogenes*, *microbacillus prodigiosus*, *bacillus megaterium*, and the bacillus of osteomyelitis.

The peroxide of hydrogen which I used 3.2 per cent. solution, yielding fifteen times its volume of oxygen; but this strength was reduced to about 1.5 per cent., corresponding to about eight volumes of oxygen, by adding the fresh culture containing the microbe upon

² The peroxide of hydrogen that I use is manufactured by Mr. Charles Marchand, of New York. This preparation is remarkable for its uniformity in strength, purity and stability.

¹ *Gaillard's Medical Journal*, March, 1889.

which I was experimenting. I have also experimented upon old cultures loaded with a large number of the spores of the bacillus anthracis. In all cases my experiments were made with a few cubic centimetres of culture in sterilized test-tubes, in order to obtain accurate results.

The destructive action of peroxide of hydrogen, even diluted in the above proportions, is almost instantaneous. After a contact of a few minutes, I have tried to cultivate the microbes which were submitted to the peroxide, but unsuccessfully, owing to the fact that the germs had been completely destroyed.

My next experiments were made on the hydrophobic virus in the following manner:

I mixed with sterilized water a small quantity of the medulla taken from a rabbit that had died of hydrophobia, and to this mixture added a small quantity of peroxide of hydrogen. Abundant effervescence took place, and, as soon as it ceased, having previously trephined a rabbit, I injected a large dose of the mixture under the dura mater. Slight effervescence immediately took place and lasted a few moments, but the animal was not more disturbed than when an injection of the ordinary virus is given. This rabbit is still alive, two months after the inoculation.

A second rabbit was inoculated with the same hydrophobic virus which had not been submitted to the action of the peroxide, and this animal died at the expiration of the eleventh day with the symptoms of hydrophobia.

I am now experimenting in the same manner upon the bacillus tuberculosis, and if I am not deceived in my expectation, I will be able to impart to the profession some interesting results.

It is worthy of notice that water charged, under pressure, with fifteen times its volume of pure oxygen has not the antiseptic properties of peroxide of hydrogen. This is due to the fact that when the peroxide is decomposed, nascent oxygen separates in that most active and potent of its conditions, next to the condition, or allotropic form, known as "ozone." Therefore it is

not illogical to conclude that ozone is the active element of peroxide of hydrogen.

Although peroxide of hydrogen decomposes readily in the presence of organic substances, I have observed that its decomposition is checked to some extent by the addition of a sufficient quantity of glycerin; such a mixture, however, cannot be kept for a long time, owing to the slow but constant formation of secondary products, having irritating properties.

Before concluding I wish to call attention to a new oxygenated compound, which has been recently discovered and called "glycozone" by Mr. Marchand.

This glycozone results from the action which takes place when glycerin is exposed to the action of ozone under pressure—one volume of glycerin with fifteen volumes of ozone produces glycozone.

By submitting the bacillus anthracis, pyocyaneus, prodigiosus, and megaterium to the action of glycozone, they were almost immediately destroyed.

I have observed that the action of glycozone upon the typhoid fever bacillus, and some other germs, is much slower than the influence of peroxide of hydrogen.

In the dressing of wounds, ulcers, etc., the antiseptic influence of glycozone is rather slow if compared with that of peroxide of hydrogen, with which it may, however, be mixed at the time of using.

It has been demonstrated in Pasteur's laboratory that glycerin has no appreciable antiseptic influence upon the virus of hydrophobia; therefore, I mixed the virus of hydrophobia with glycerin, and at the expiration of several weeks all the animals which I inoculated with this mixture died with the symptoms of hydrophobia.

On the contrary, when glycerin has been combined with ozone to form glycozone, the compound destroys the hydrophobic virus almost instantaneously.

Two months ago, a rabbit was inoculated with the hydrophobic virus, which had been submitted to the action

of this new compound, and the animal is still alive.

I believe that the practitioner will meet with very satisfactory results with the use of peroxide of hydrogen for the following reasons:

1. This chemical seems to have no injurious effect upon animal cells.
2. It has a very energetic destructive action upon vegetable cells—microbes.
3. It has no toxic properties; five cubic centimetres injected beneath the skin of a guinea-pig do not produce any serious result, and it is also harmless when given by the mouth.

As an immediate conclusion resulting from my experiments, my opinion is, that peroxide of hydrogen should be used in the treatment of diseases caused by germs, if the microbial element is directly accessible; and it is particularly useful in the treatment of infectious diseases of the throat and mouth.—*Medical News*, October 25, 1890.

TREATMENT OF DIABETES MELLITUS.

Prof. Lepine (*Semaine Médicale*) writes as follows on this interesting subject:

It was formerly supposed that an infinitesimal quantity of virus was sufficient to cause, in an animal, a virulent disease. Later researches have shown that this idea is erroneous. There are certain ferments which act like poisons; a sufficient quantity is required to produce certain effects; a too small quantity of glycolytic ferment will not destroy a large amount of glucose. If we desire to obtain a clear view of the pathogeny of diabetes and the indications for its treatment, we must take account both of the amount of sugar to be destroyed and of the means of destroying it which are at the disposal of the patient. In other words, in the treatment of diabetes we must endeavor (1) to increase the destruction of the sugar, and (2) to diminish its production in the economy or its introduction with the food.

Can we furnish the patient with a glycolytic ferment? It is to be hoped so, though the efforts that I have made

for a month are not very encouraging. Pancreatine does not possess an appreciable glycolytic power, and pilocarpine, which was relied upon to increase, to a certain extent, the pancreatic function, has not thus far succeeded in any case except that of M. Lanois. Although we cannot, just now, provide the diabetic patient with a ferment, we may try to increase its power. *In vitro*, carbonic acid diminishes it greatly; oxygen, on the contrary, acts favorably; advantage might be taken of this fact in treatment. Ozone, it is said, has been tried without effect; but that is no reason why further experiments should not be made.

It has long been known that alkalies favor the destruction of sugar. But when we recall the very small amount of bicarbonate of soda contained in a glass of Carlsbad water, of Bourbonle, or even of Vichy, and besides the manifest utility of these waters in certain cases, we are forced to the conclusion that they act otherwise than through their bicarbonate of soda. Perhaps by exciting digestive activity they increase the production of the glycolytic ferment.

Without acting upon this ferment, we may increase the destruction of the sugar by muscular exercise. To Bouchardat belongs the credit of having first clearly shown this fact; but in his practice he carried it to excess. Diabetic patients cannot over-exercise with impunity. The physician should see to it that his patient does not take too much exercise. In general, massage is of more value than exercise; I have obtained excellent results from its employment.

I now pass to the consideration of the means of diminishing the production of sugar. Opium has long been recognized as one of the most valuable remedies in the treatment of diabetes. Some years ago M. Villemain recommended that belladonna be associated with opium. I have never perceived the utility of this suggestion, for the belladonna dries the patient's throat, and I have never seen a diabetic patient derive any material advantage from its use. Quinine, bromide of potassium, salicylate of sodium, and antipyrine

have also rendered great service to a certain number of diabetics, but all of these drugs, except the bromide, have a common vice, upon which I have insisted for the last ten years, and that is, that while they diminish the production of sugar (which I was the first to prove experimentally), they also check its destruction. I may say to-day that this effect is due to the inhibitory action which these substances exert upon the glycolytic ferments.

We may understand, therefore, to what extent these agents are useful. The diminution of the glycosuria which they effect is really advantageous only to those patients in whom there is an over-production of sugar; in them they place an obstacle to an exaggerated denutrition. In other patients the diminution of the glycosuria, if it take place, is deceptive, since it may really aggravate the morbid condition by impeding the formation of the glucose necessary to maintain life.

To sum up, in diabetes we should increase the destruction of glucose; unfortunately, our abilities in this regard are exceedingly narrow, although we are at present acquainted with the glycolytic ferment. We can much more easily impede the formation of sugar, but the drugs used for this purpose unfortunately restrain its destruction, which is a serious fault. This gives an additional reason for insisting on abstinence from amylaceous foods. My views on this subject are too well known for me to repeat them here. I deem it advisable, however, to call attention to the inconveniences of the ingestion of too great a quantity of meat. Prof. Naunyn recently reported several cases of diabetes in which the increase in the meat diet caused a re-appearance of the glycosuria, which disappeared under a moderate diet.

Another drawback, still more serious, of a too abundant meat diet is the acid diathesis, leading to coma if not promptly combated with alkalis in large doses.—*N. O. Med. and Surg. Journal.*

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CERTAIN FORMS OF INTESTINAL OBSTRUCTION.

Dr. F. B. Jessett (*Med. Press and Circular*) says:

Obstruction of the intestines, the result of constricting bands or volvulus, is always met with either in the small intestine or at the sigmoid flexure.

The most common cause of bands is old peritonitis, local or general. Meckel's or other diverticula may be the cause of constriction of the bowel by snaring or twisting.

The predisposing causes of volvulus consist in elongation of certain segments of the intestine, abnormal length of the mesentery, adhesions, or unequal peristaltic action.

The higher in the intestine the obstruction, the more severe usually are the symptoms.

All cases of obstruction should be treated by early abdominal section, and, if possible, reduction of the constricted portion of the intestine by dividing of constricting bands or untwisting a volvulus—that is, if the gentle insufflation of hydrogen gas fails to effect reduction.

In all cases where the intestine is very distended, it should be freely incised and its contents evacuated.

In all cases in which the constriction is irreducible, lateral anastomosis by approximation discs should be practiced so as to exclude permanently the seat of obstruction from active fecal circulation.

In cases where gangrene has taken place in the loop of constricted intestine, it should be excised, and the portion of intestine above and below the seat of constriction united by lateral anastomoses by approximative plates; the divided ends being invaginated into themselves.

All bands and diverticula should be removed, when practicable, at the time of the operation; in the case of volvulus, if the mesentery is abnormally long, it should be shortened.

Enterostomy, or the formation of an artificial anus, should never be performed unless it is found to be absolutely impossible to re-establish the continuity of the intestinal canal by dividing the constricting bands by en-

terorrhaphy or by means of lateral opposition as described.

SUPPURATIVE PERIOSTITIS AFTER TYPHOID FEVER.

An interesting observation has been made with reference to those suppurations which sometimes follow typhoid fever. In a recent number of the *Semaine Médicale*, M. Achalmé gives the result of the bacteriological examination of an abscess which formed at the inner side of the tibia of a patient convalescing from typhoid. The pus contained the bacillus peculiar to that disease and none others, and the cultures on potato were quite typical, as were also their effects upon animals. Our knowledge of this class of abscess is so scanty that it is to be hoped that this observation will soon be supplemented by others.

—*Supp. British Med. Journal.*

GUAIAECUM AS A PURGATIVE.

In our thirst for new remedies there seems to be a danger that some of our good old-fashioned drugs may be forgotten. Take guaiacum for example. In most of our text-books on materia medica we are told that guaiacum resin acts as "a stimulant, diaphoretic, and diuretic." I cannot find that there is much evidence in support of this view. Wood, of Philadelphia, seems to be of the same opinion, for he says: "Guaiacum is believed by some to act as a diaphoretic, and to do good by increasing the elimination by the skin, but as I have not been able to obtain either from medical literature or from the exhibition of the medicine any distinctive proof of its having any such action to any marked extent I have preferred to consider the drug as an alterative." Schmiedeberg, of Strassburg, curiously enough deals with it under the head of "Drugs and preparations used for all sorts of purposes but now mostly antiquated and obsolete." I am inclined to think that its main action is as a laxative or purgative, and this view is evidently shared by Dr. C. D. F. Phillips, who, in his well-known work on the "Vegetable Kingdom," states that in large doses it

produces "dryness in the mouth, burning in the throat, a sensation of heat in the stomach, loss of appetite, heartburn, flatulence, nausea, vomiting, and purging."

My attention was drawn to the subject some two years ago by casually prescribing for a city man suffering from rheumatism some guaiacum lozenges made up with black current paste. He continued taking them long after the pains had ceased, and his explanation was that they did him good by acting on the liver and bowels. He said that one or two of the lozenges taken in the morning before breakfast acted promptly and without inconvenience. I ordered the lozenges for other of my patients suffering from constipation, and what is conveniently called "biliousness," and the result was equally satisfactory. The lozenges not being available for hospital use, I had a confection prepared containing ten grains of guaiac resin to a drachm of honey. This was curiously popular with the patients, and for the last two years I have used it extensively not only as a purgative, but in the treatment of chronic rheumatism, sciatica, tonsillitis, dysmenorrhœa, and allied affections. The confection is nasty, but is appreciated by patients. At first I gave it in drachm doses once a day, but they were not satisfied with this, and I had to increase the dose to two drachms three times a day. In this quantity it seems capable of producing the maximum of inconvenience and discomfort, and gives unlimited satisfaction. The purgative effect is very pronounced, and in one case the patient had fifty-six evacuations in the week. In another case it produced a well-marked rash, covering the arms and legs with an eruption which forcibly reminded one of copaiba. That this rash is rare may be gathered from the fact that my colleague, Dr. C. T. Fox, had seen only one similar instance. It was accompanied by intense itching, which disappeared on discontinuing the drug. The guaiacum not infrequently gives rise to a burning sensation in the throat, and to obviate this I prescribed the ten grains of the resin in half an ounce of

extract of malt, which answered admirably.

This method of treatment is, perhaps, simply a return to the old-fashioned "Chelsea Pensioner," which consisted of guaiacum, rhubarb, ginger, sulphur, and certain other ingredients, but it is interesting nevertheless. I am sure that a trial of the guaiacum resin as a laxative or purgative, according to the dose employed, will be found satisfactory. It is possible that if the drug were triturated with cream of tartar, sugar of milk, or some other equally inert substance, its efficacy would be increased, and it would produce the desired effect in smaller doses.—WILLIAM MURRELL, M.D., *Med. Press and Circular*.

A NEW TEST FOR LEAD.—Brennstein says (*Pharm. Zeitung*) that if a solution of sodium phosphate be added to the suspected liquid, after the latter has been first acidified with acetic acid and then made ammoniacal, either an opalescent appearance or a strong turbidity will result, according to the amount of lead present.

It is said to be possible to restore one who is helplessly intoxicated to the almost complete use of his faculties in a very short time by administering to him a half teaspoonful of ammonium chloride in a tumbler of water.

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

November 24, DR. A. RAVOGLI will read a paper on "Syphilitic Headache." A paper will also be presented by DR. O. L. CAMERON.

December 1, papers will be presented by DRs. GEO. W. RYAN and T. V. FITZPATRICK.

December 8, papers will be read by DRs. J. L. CLEVELAND, E. E. SATTLER and B. F. BEEBE.

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, November 25, DR. E. RICKETTS will report on and present a "Fibro-Cystic Tumor of the Uterus."

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Cincinnati, November 22, 1890.

The Week.

KOCH'S DISCOVERY.

For some weeks the eyes and thoughts of the entire medical world have been intently fixed on Koch and his laboratory with anxious hope in anticipation of the early announcement that he had solved the tuberculosis problem. In this the laity and its representative secular press showed manifestations of equal interest in this all-important subject, whole columns of matter being cabled to every daily newspaper every day in efforts to inform the people of each step taken and its effect. While the financial world was being rocked and racked in throes that were wrecking the strongest commercial houses and fairly shaking the foundations of governments, Professor Koch had the attention of the entire people to a greater extent than the Barings or the Bank of England.

In contemplation of the possibilities of a vaccination cure and prophylaxis of tuberculosis, its value is not to be computed in dollars and cents, but in the lengthening of life and restoration of

health to a great army of many thousands of people every year.

So thoroughly impressed are the very ablest men of the medical profession of the practical value of this discovery, that steps have been taken to at once provide in nearly all the large cities for the proper care in special hospitals of those who are suffering from tuberculosis. Professor Loomis, of New York, and a good number of trained pathologists from that city and Philadelphia have already sailed for Berlin, where they expect to learn at first hands the method of treatment. The cable informs us of throngs of physicians and consumptives that are already in waiting to take advantage of every item of information they may be able to obtain in this connection.

Prof. Koch's paper, published last Friday in the *Deutsche medicinische Wochenschrift*, was cabled in full to the *Philadelphia Medical News*, from which we give it to our readers:

In an address delivered before the International Medical Congress I mentioned a remedy which conferred on the animals experimented upon an immunity against inoculation with the tubercle bacillus, and which arrested tuberculous disease. Investigations have now been carried out on human patients, and these form the subject of the following observations. It was originally my intention to complete the research, and especially to gain sufficient experience regarding the application of the remedy in practice, and its production on a large scale before publishing anything on the subject; but in spite of all precautions, so many accounts have reached the public, and in such an exaggerated and distorted form, that it seems imperative, in order to prevent false impressions, to give at once a review of the position of the subject at the present stage of the inquiry. It is true that this review can, under these circumstances, be only brief, and must leave open many important questions.

The investigations have been carried on under my direction by Dr. A. Libbertz and Stabsarzt Dr. E. Pfuhl, and are still in progress. Patients were placed at my disposal by Professor Brieger, from his polyclinic; Dr. W. Levy, from his private surgical clinic; Geheimrath Drs. Fräntzel and Oberstabsarzt Kohler, from the Charite Hospital; and Geheimrath v. Bergmann, from the surgical clinic of the University. I wish to express my thanks to these gentlemen.

As regards the origin and the preparation of the remedy, I am unable to make any statement, as my research is not yet concluded. I reserve this for a future communication.⁽¹⁾

The remedy is a brownish, transparent liquid, which does not require special care to prevent decomposition. For use, this fluid must be more or less diluted, and the dilutions are liable to undergo decomposition if prepared with distilled water. As bacterial growths soon develop in them they become turbid, and are then unfit for use. To prevent this, the diluted liquid must be sterilized by heat and preserved under a cotton-wool stopper, or, more conveniently, prepared with a one-half per cent. solution of phenol.

It would seem, however, that the effect is weakened both by frequent heating and by mixture with phenol solution, and I have therefore always made use of a freshly-prepared solution. Introduced into the stomach the remedy has no effect. In order to obtain a reliable effect it must be injected subcutaneously, and for this purpose we have exclusively used the small syringe suggested by me for bacteriological work. It is furnished with a small India-rubber ball and has no piston. This syringe can easily be kept aseptic by the use of absolute alcohol, and to this we attribute the fact that not a single abscess

¹ Doctors wishing to make investigations with the remedy at present, can obtain it from Dr. A. Libbertz, Lueneburger Strasse, 28, Berlin, N. W., who has undertaken the preparation of the remedy with my own and Dr. Pfuhl's co-operation, but I must remark that the quantity prepared at present is but small, and that larger quantities will not be obtainable for some weeks.

has been observed in the course of more than a thousand subcutaneous injections.

The place chosen for the injection, after several trials of other places, was the skin of the back between the shoulder-blades and the lumbar region, because here the injection led to the least local reaction—generally none at all, and was almost painless. As regards the effect of the remedy on the human patient, it was clear from the beginning of the research that in one very important particular the human being reacts to the remedy differently from the animal generally used in experiments, namely, the guinea-pig. A new proof for the experimenter of the all-important law that experiment on animals is not conclusive, for the human patient proved extraordinarily more sensitive than the guinea-pig. As regards the effect of the remedy, a healthy guinea-pig will bear a subcutaneous injection of 2 cubic centimetres, and even more, of the liquid without being sensibly affected; but in the case of a full-grown healthy man 0.25 cubic centimetre suffices to produce an intense effect. Calculated by the body-weight, one-fifteen-thousandth part of the quantity which has no appreciable effect on the guinea-pig acts powerfully on the human being.

The symptoms arising from an injection of 0.25 cubic centimetre I have observed after an injection made in my own upper arm. They were briefly as follows: three to four hours after the injection there came on pain in the limbs, fatigue, inclination to cough, difficulty of breathing, which speedily increased in the fifth hour, and were unusually violent. A chill followed, which lasted almost an hour. At the same time there were nausea, vomiting, and a rise of body temperature to 39.6° Centigrade.

After twelve hours all these symptoms abated, the temperature fell, and on the next day it was normal. A feeling of fatigue and pain in the limbs continued for a few days, and for exactly the same period of time the site of injection remained slightly painful and red. The smallest quantity of the remedy which will affect the healthy human

being is about 0.01 cubic centimetre, equal to 1 cubic centimetre of the one-hundredth dilution. As has been proved by numerous experiments, when this dose is used reaction in most people shows itself only by slight pains in the limbs and transient fatigue. A few showed a rise of temperature to about 38° C.

Although the effect of the remedy in equal doses is very different in animals and in human beings, if calculated by body-weight, in some other respects there is much similarity in the symptoms produced, the most important of these resemblances being the specific action of the remedy on the tuberculous process, the varieties of which I will not here describe. I will make no further reference to its effects on animals, but I will at once turn to its extraordinary action on tuberculosis in human beings. The healthy human being reacts either not at all, or scarcely at all, as we have seen, when 0.01 cubic centimetre is used. The same holds good with regard to patients suffering from diseases other than tuberculosis, as repeated experiments have proved; but the case is very different when the disease is *tuberculosis*. A dose of 0.01 cubic centimetre injected subcutaneously into tuberculous patients causes a severe general reaction as well as a local one.

I gave children aged from two to six years one-tenth of this dose, that is to say, 0.001 cubic centimetre—very delicate children only 0.0005 cubic centimetre—and obtained powerful, but in no way dangerous, reaction. The general reaction consists in an attack of fever, which usually begins with rigors, and raises the temperature above 39°, often up to 40°, and even 41° C. This is accompanied by pain in the limbs, coughing, great fatigue, and often sickness and vomiting. In several cases a slight icteroid discoloration was observed, and occasionally an eruption like measles on the chest and neck. The attack usually begins four to five hours after the injection, and lasts from twelve to fifteen hours. Occasionally it begins later and then runs its course with less intensity.

The patients are very little affected

by the attack, and as soon as it is over feel comparatively well, generally better than before. The local reaction can be best observed in cases in which the tuberculous affection is visible; for instance, in cases of lupus, changes take place which show the specific anti-tuberculous action of the remedy to a most surprising degree. A few hours after an injection into the skin of the back—that is, in a spot far removed from the diseased area on the face or elsewhere—the lupus begins to swell and to redden, and this it does generally before the initial rigor. During the fever the swelling and redness increase, and may finally reach a high degree, so that the lupus-tissue becomes brownish and necrotic in places where the growth was sharply defined. We sometimes found a much swollen and brownish spot surrounded by a whitish edge almost one centimetre wide, which again was surrounded by a broad band of bright red.

After the subsidence of the fever the swelling of the lupus-tissue gradually decreases and disappears in about two or three days. The lupus-spots themselves are then covered by a soft deposit, which filters outward and then dries in the air. The growth then changes to a crust, which falls off after two or three weeks, and which—sometimes after only one injection—leaves a clean, red cicatrix behind. Generally, however, several injections are required for the complete removal of the lupus-tissue; but of this, more later on. I must mention as a point of special importance that the changes described are exactly confined to the parts of the skin affected with lupus. Even the smallest nodules and those most deeply hidden in the lupus-tissue go through the process and become visible in consequence of the swelling and change of color, whilst the tissue itself in which the lupus-changes have entirely ceased remains unchanged. The observation of a lupus-case treated by the remedy is so instructive, and is necessarily so convincing, that those who wish to make a trial of the remedy should, if possible, begin with a case of lupus.

This specific action of the remedy in

these cases is less striking, but is as perceptible to eye and touch as are the local reactions in cases of tuberculosis of the glands, bones, joints, etc. In these cases swelling increased sensibility and redness of the superficial parts are observed. The reaction of the internal organs, especially of the lungs, is not at once apparent, unless the increased cough and expectoration of consumptive patients after the first injections be considered as pointing to a local reaction in these cases. The general reaction is dominant; nevertheless, we are justified in assuming that here, too, changes take place similar to those seen in lupus-cases. The symptoms of reaction above described, occurred, without exception, in all cases in which a tuberculous process was present in the organism after the use of 0.01 cubic centimetre, and I think I am justified in saying that the remedy will, therefore, in the future, form an indispensable aid to diagnosis.

By its aid we shall be able to diagnose doubtful cases of phthisis; for instance, cases in which it is impossible to obtain certainty as to the nature of the disease by the discovery of bacilli or elastic fibres in the sputum or by physical examination. Affections of the glands, latent tuberculosis of bone, doubtful cases of tuberculosis of the skin, and similar cases will be easily and with certainty recognized. In cases of tuberculosis of the lungs or joints which have been apparently cured we shall be able to make sure whether the disease has really finished its course, and whether there be still some diseased spots from which it might again arise as a flame from a spark hidden by ashes.

Of greater importance, however, than its diagnostic use, is the therapeutic effect of the remedy. In the description of the changes which a subcutaneous injection of the remedy produces in portions of the skin affected by lupus, I mentioned that after the subsidence of the swelling and decrease of the redness the lupus-tissue does not return to its original condition, but that it is destroyed to a greater or less extent and disappears. Observation shows that in some parts this result is brought

about by the diseased tissue becoming necrotic, even after but one sufficiently large injection, and at a later stage it is thrown off as a dead mass. In other parts a disappearance or, as it were, a necrosis of the tissue, seems to occur, and in such case the injection must be repeated to complete the cure.

In what way this process of cure occurs cannot as yet be stated with certainty, as the necessary histological investigations are not complete; but this much is certain, that there is no question of a destruction of the tubercle bacilli in the tissues, but only that the tissue inclosing the tubercle bacilli is affected by the remedy. Beyond this there is, as is shown by the visible swelling and redness, considerable disturbance of the circulation, and, evidently, in connection therewith, deeply-seated changes in its nutrition which cause the tissue to die more or less quickly and deeply, according to the extent of the action of the remedy. To recapitulate, the remedy does not kill the tubercle bacilli but the tuberculous tissue, and this gives us clearly and definitely the limit that bounds the action of the remedy.

It can influence living tuberculous tissue only, and has no effect on dead tissue; as, for instance, necrotic cheesy masses, necrotic bones, etc., nor has it any effect on tissues made necrotic by the remedy itself. In such masses of dead tissue living tubercle bacilli may possibly still be present, and are either thrown off with the necrosed tissue, or may possibly enter the neighboring and still living tissue under certain circumstances of the therapeutic activity. If the remedy is to rendered as fruitful as possible this peculiarity in its mode of action must be carefully observed. At first the living tuberculous tissue must be caused to undergo necrosis, and then everything must be done to remove the dead tissue as soon as possible, as, for instance, by surgical interference.

Where this is not possible, and where the organism is unassisted in throwing off the tissue slowly, the endangered living tissue must be protected from fresh incursions of the parasites by continuous applications of the

remedy. The fact that the remedy makes tuberculous tissue necrotic and acts only on the living tissue, helps to explain another peculiar characteristic thereof, namely, that it can be given in rapidly-increasing doses. At first sight, this phenomenon would seem to point to the establishment of tolerance, but since it is found that the dose can, in the course of about three weeks, be increased to five hundred times the original amount, tolerance can no longer be accepted as an explanation. As we know of nothing analogous to such a rapid and complete adaptation to an extremely active remedy, the phenomenon must rather be explained in this way, that in the beginning of the treatment there is a good deal of tuberculous living tissue, and that consequently a small amount of the active principle suffices to cause a strong reaction, but by each injection a certain amount of the tissue capable of reacting disappears, and then larger doses are necessary to produce the same amount of reaction as before.

Within limits, a certain degree of habituation may be perceived as soon as the tuberculous patient has been treated with increasing doses, for so soon as the point is reached at which reaction is as feeble as that of a non-tuberculous patient, then it may be assumed that all tuberculous tissue is destroyed. Then the treatment will only have to be continued by slowly-increasing doses and with interruptions in order that the patient may be protected from fresh infections while bacilli are still present in the organism, and whether this conception and the inference that follows from it be correct, the future must show. They were conclusive, as far as I am concerned, in determining the mode of treatment by the remedy which in our investigations was practiced in the following manner. To begin with the simplest case—lupus.

In nearly every one of these cases I injected the full dose of 0.01 cubic centimetre from the first. I then allowed the reaction to come to an end, and then, after a week or two, again injected 0.01 cubic centimetre, continuing in the same way until the reaction be-

came weaker and weaker, and then ceased. In two cases of facial lupus the lupus-spots were thus brought to complete cicatrization by three or four injections; the other lupus-cases improved in proportion to the duration of treatment.

All these patients had been sufferers for many years, having been previously treated unsuccessfully by various therapeutic methods. Glandular, bone, and joint tuberculosis was similarly treated, large doses at long intervals being made use of. The result was the same as in the lupus-cases—namely, a speedy cure in recent and slight cases, slow improvement in severe cases.

The circumstances were somewhat different in phthisical patients, who constituted the largest number of our patients. Patients with decided pulmonary tuberculosis are much more sensitive to the remedy than those with surgical tuberculous affections.

We are obliged to diminish the dose for the phthisical patients, and found that they almost all reacted strongly to 0.002 cubic centimetre, and even to 0.001 cubic centimetre. From this first small dose it was possible to rise more or less quickly to the amount that is well borne by other patients. Our course was generally as follows: an injection of 0.001 cubic centimetre was first given to the phthisical patient, and from this a rise of temperature followed, the same dose being repeated once a day until no reaction could be observed. We then increased the dose to 0.002 cubic centimetre, until this was borne without reaction, and so on, increasing by 0.001, or at most 0.002 to 0.005, cubic centimetre.

This mild course seemed to be imperative in cases in which there was great debility. By this mode of treatment the patient can be brought to tolerate large doses of the remedy with scarcely a rise of temperature. But patients of greater strength were treated from the first partly with larger doses and partly with frequently-repeated doses. Here it seemed that the beneficial results were more quickly obtained. The action of the remedy in cases of phthisis generally showed

itself as follows: Cough and expectoration were generally increased a little after the first injection, then grew less and less, and in the most favorable cases entirely disappeared. The expectoration also lost its purulent character and became mucous. As a rule, the number of bacilli decreased only when the expectoration began to present a mucous appearance. They then entirely disappeared, but were again observed occasionally until expectoration completely ceased. Simultaneously the night-sweats ceased, the patients' appearance improved, and they increased in weight within from four to six weeks.

Patients under treatment for the first stage of phthisis were freed from every symptom of disease and might be pronounced cured; patients with cavities not yet too highly developed improved considerably and were almost cured, and only in those whose lungs contained many large cavities could no improvement be proved. Objectively, even in these cases the expectoration decreased and the subjective condition improved. These experiences lead me to suppose that phthisis in the beginning can be cured with certainty by this remedy. This statement requires limitation in so far as at present no conclusive experiences can possibly be brought forward to prove whether the cure is lasting.

Relapses naturally may occur, but it can be assumed that they may be cured as easily and quickly as the first attack. On the other hand, it seems possible that, as in other infectious diseases, patients once cured may retain their immunity; but this, too, for the present, must remain an open question. In part, this may be assumed for other cases, when not too far advanced; but patients with large cavities, who suffer from complications caused, for instance, by the incursion of other pus-forming microorganisms into the cavities or by incurable pathological changes in other organs, will probably obtain lasting benefit from the remedy in only exceptional cases. Even such patients, however, were benefited for a time. This seems to prove that in their cases, too, the original tuberculous disease is in-

fluenced by the remedy in the same manner as in the other cases, but that we are unable to remove the necrotic masses of tissue with the secondary suppurative processes.

The thought involuntary suggests itself that relief might possibly be brought to many of these severely-afflicted patients by a combination of this new therapeutic method with surgical operations (such as the operation for empyæmia), or with other curative methods, and here I would earnestly warn people against conventional and indiscriminate application of the remedy in all cases of tuberculosis. The treatment will probably be quite simple in cases in which the beginning of phthisis and simple surgical cases are concerned, but in all other forms of tuberculosis medical art must have full sway by careful individualization and making use of all other auxiliary methods to assist the action of the remedy.

In many cases the decided impression was created that the careful nursing bestowed on the patient had a considerable influence on the result of the treatment, and I am in favor of applying the remedy in proper sanatoria as opposed to treatment at home and in the out-patient room. How far the methods of treatment already recognized as curative, such as mountain climate, fresh-air treatment, special diet, etc., may be profitably combined with the new treatment cannot yet be definitely stated, but I believe that these therapeutic methods will also be highly advantageous when combined with the new treatment. In many cases, especially in the convalescent stage, as regards tuberculosis of the brain and larynx, and miliary tuberculosis, we had too little material at our disposal to gain proper experience.

The most important point to be observed in the new treatment is its early application. The proper subjects for treatment are patients in the initial stage of phthisis, for in them the curative action can be most fully shown, and for this reason, too, it cannot be too seriously pointed out that practitioners must in the future be more

than ever alive to the importance of diagnosing phthisis in as early a stage as possible. Up to the present time the proof of tubercle bacilli in the sputum was considered more as an interesting point of secondary importance, which, though it made diagnosis more certain, could not help the patient in any way, and which, in consequence was often neglected.

This I have lately repeatedly had occasion to observe in numerous cases of phthisis, which had generally gone through the hands of several doctors without any examination of the sputum having been made. In the future this must be changed. A doctor who shall neglect to diagnose phthisis in its earliest stage by all methods at his command, especially by examining the sputum, will be guilty of the most serious neglect of his patient, whose life may depend upon the early application of the specific treatment. In consequence, in doubtful cases, medical practitioners must make sure of the presence or absence of tuberculosis, and then only will the new therapeutic method become a blessing to suffering humanity, when all cases of tuberculosis are treated in their earliest stage, and we no longer meet with neglected serious cases forming an inextinguishable source of fresh infections. Finally, I would remark, that I have purposely omitted statistical accounts and descriptions of individual cases, because the medical men who furnished us with patients for our investigations have themselves decided to publish the description of their cases, and I wished my account to be as objective as possible, leaving to them all that is purely personal.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending November 14, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Group.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....							3				
2.....			1								1
3.....							1	1			
4.....			1				3				1
5.....							3				
6.....							1				
7.....							5	1			
8.....											
9.....											
10.....							5	1			1
11.....							1				
12.....							4	1			
13.....											
14.....			2				4	1			1
15.....							6				
16.....											
17.....							1				
18.....							1				
19.....			1				1	1			1
20.....							1	2			
21.....							1	1			
22.....							4	1			1
23.....											1
24.....							2	1			
25.....			2				2				
26.....			3						1		1
27.....											
28.....							1				
29.....											
30.....			1				2		1		
Public In-stitutions											2
Totals			11				52	11	2	4	8
Last week.			2				43	13	5	3	7

The following is the mortality report for the week ending November 14, 1890.

Croup.....	2
Diphtheria.....	11
Erysipelas.....	1
Typhoid Fever.....	8
Other Zymotic Diseases.....	0—22
Cancer.....	1
Consumption.....	20
Marasmus.....	1
Other Constitutional Diseases.....	0—22
Apoplexy.....	2

Bright's Disease.....	2
Bronchitis.....	5
Convulsions.....	5
Heart Disease.....	5
Liver Disease.....	2
Meningitis.....	5
Pneumonia.....	7
Other Local Diseases.....	11—44
Deaths from Developmental Diseases.....	11
Deaths from Violence.....	3

Deaths from all causes.....	102
Annual rate per 1,000.....	16.32
Deaths under 1 year.....	18
Deaths under 5 years.....	38
Deaths for corresponding week of 1889....	101
Deaths for corresponding week of 1888....	84
Deaths for corresponding week of 1887....	144

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 56 cities and towns during the week ending November 14, 1890:

Diphtheria: Akron, 3 cases; Ashland, 2 cases; Carthage, 5 cases; Chillicothe, 1 case, 1 death; Cincinnati, 52 cases, 11 deaths; Beverly, 1 case; Cleveland, 23 cases, 5 deaths; Columbus, 9 cases, 1 death; Dayton, 22 cases, 7 deaths; Defiance, 3 cases, 1 death; Hartwell, 3 cases; Jamestown, 2 cases; Madisonville, 2 cases; Navarre, 1 case, 1 death; Nelsonville, 2 cases; Ottawa, 2 cases, 1 death; Portsmouth, 1 case, 1 death; Springfield, 5 cases; Tiffin, 7 cases, 2 deaths; Toledo, 14 cases, 4 deaths; Woodville, 1 case, 1 death; Xenia, 4 cases; Youngstown, 2 cases, 1 death;

Scarlet Fever: Akron, 1 case; Chillicothe, 1 case; Cincinnati, 11 cases; Cleveland, 22 cases; Clyde, 1 case; Columbus, 8 cases; Crestline, 2 cases; Elmwood Place, 1 case; Ironton, 1 case; Lorain 2 cases; Miamisburg, 4 cases; New Straitsville, 2 cases; Portsmouth, 2 cases; Springfield, 2 cases; Tiffin, 1 case; Toledo, 6 cases; Youngstown, 3 cases.

Typhoid Fever: Ashland, 2 cases; Cadiz, 1 case, 1 death; Celina, 1 case; Chicago, 1 case; Cincinnati, 4 cases, 8 deaths; Chillicothe, 2 cases, 2 deaths; Cleveland, 10 cases, 1 death; Columbus, 2 deaths; Crestline, 1 case; Delta, 1 case; Fostoria, 3 cases; Lorain, 1 case; Madisonville, 1 case; New Lisbon, 1 case; New Straitsville, 1 case; Portsmouth, 2 cases; Rawson, 5 cases; Springfield, 2 cases, 1 death; Uhrichsville, 1 death; Versailles, 1 case; Wooster, 1 case; Youngstown, 7 cases, 1 death; Wabash Tp., 3 cases.

Whooping-Cough: Fostoria, 2 cases; Logan, 1 case.

Measles: Cleveland, 5 cases; Fostoria, 2 cases; Ironton, 13 cases; Logan, 1 case; New Straitsville, 1 case; Portsmouth, 6 cases.

No infectious diseases reported to health officers in 15 places.

C. O. PROBST, M.D., Secretary.

Obituary.

C. A. MILLER, M.D.

Dr. C. A. Miller, Superintendent of Longview Asylum, died at that institution November 21. Dr. Miller had been in poor health for a long time, suffering from a complication of diseases, the most serious of which was diabetes, which was followed by gangrene in one foot. The gangrenous part finally got well, and the diabetes improved, but his physical constitution finally yielded to his maladies.

Dr. Miller was a naturalist of national reputation, being especially interested in the study of geology, gathering specimens here and there, until he had one of the finest cabinets in the country, and contributed in no small measure to the perfection of knowledge in this direction. He leaves a widow and two children.

Dr. Miller was born in this county, educated in this city, and during the war served as assistant surgeon of an Ohio regiment. He then located here and engaged in the practice of his profession until he received an appointment to Longview Asylum as its superintendent nine years ago.

SPECIAL NOTICES.

FOR SALE—A first-class special practice in nose, throat and chest in a growing western city of 50,000. Will stay thirty or sixty days to thoroughly introduce successor. A splendid opening at a bargain. Compelled to change climate on account of health. Address, C. H. J., care LANCET-CLINIC, Cincinnati, O.

EPILEPSY.—In a case of epilepsy of several years' duration I am happy to say that Peacock's Bromides did the work well; also prescribed it in cases of nervousness and headaches, and was successful in relieving both. In eighteen years' practice I have not had such satisfactory results as from Peacock's Bromides.—J. MCBROWDER, M.D., Montezuma, Ohio.

Correspondence.

ON LARYNGEAL INTUBATION.

LOUISVILLE, KY., Nov. 18, 1890.

Editor Lancet-Clinic:

I read in the LANCET-CLINIC of November 15 two cases of "Laryngeal Diphtheria" intubated by Dr. Eichberg. Dr. Eichberg will never again have such an accident as occurred in his first case if he will leave the thread on five minutes after the tube is in position. The tube can be easily removed by pressing on the trachea, firmly, back and up with the thumb of his right hand, thus dislodging the tube, which must be caught by inserting the forefinger of the left hand in the patient's mouth and pulling the tube out, or holding it until a pair of forceps can be introduced with the right hand, thus catching the tube. I have removed the tube in my later cases in this way. The tracheal rings of a child are very soft, and the tube can be easily pressed out.

I doubt if Dr. Eichberg's second case was one of laryngeal diphtheria. The child no doubt had diphtheria; but was the laryngeal stenosis the result of a deposit of membrane in the larynx? Would stenosis from such a cause be relieved by wearing a tube ten or twelve hours? It was more likely a case of oedema of the larynx.

I wish to place on record in your valuable journal the result of my intubations: In my first fifteen cases I had one success—enough to discourage one; in my second fifteen I had eight successes, and in my last fifteen nine successes, or eighteen successes in forty-five cases, giving 40 per cent. of successes. Most respectfully,

W. CHEATHAM, M.D.

We have a few copies of Dr. W. E. Ryan's "Aphorisms in Diseases of the Rectum," \$1.00. This is an excellent work, and worthy a place in any library.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in symptomatic diseases.

Bibliography.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

The semi-annual session of the Medical and Chirurgical Faculty of Maryland, was held in Court Hall, Hagerstown, Md., on November 12, 1889, with the President, Dr. A. Friedenwald, in the chair.

The address of welcome was delivered by Dr. A. S. Mason, of Hagerstown, and this was followed by the president's address. The following papers were then read: "Some Practical Points on Hernia," by Dr. R. W. Johnson; "Double Popliteal Aneurism Cured by Ligature," by Dr. J. E. Michael; "Rachitis Considered in Regard to Some of Its Symptoms," by Dr. Wm. Lee; "The Early Detection of Pulmonary Consumption," by Dr. W. B. Canfield; "Typhoid Fever: Its Prevention and Treatment," by Dr. J. T. Smith; "Some Recent Cases of Abdominal Surgery," by Dr. Randolph Winslow; "The Origin and Treatment of Pus Accumulations in the Female Pelvis," by Dr. T. A. Ashby; "A Review of Hypnotism," by Dr. G. J. Preston; "Persistent Headaches and How to Cure Them," by Dr. J. J. Chisholm.

The ninety-second annual convention of this society was held in Baltimore, on April 22, 1890. After the regular business of the society had been transacted, the president delivered his address, his subject being "The Modern Hospital." The next was the annual address by Dr. J. T. Johnson, subject "Abortion and Its Effects." After this papers were read in the following departments: Section on Surgery; Section on Practice of Medicine; Section on Obstetrics and Gynecology; Section on Materia Medica and Chemistry; Section on Anatomy, Physiology and Pathology; Section on Psychology and Medical Jurisprudence; Section on Ophthalmology, Otology and Laryngology. Following this the volunteer papers.

The transactions make a volume of

over three hundred pages, and contain many valuable papers, as will be seen from the above, in almost all the departments of medicine. Any communication in reference to them should be with the Recording Secretary, Dr. G. Lane Taneyhill, N. W. Cor. St. Paul and Saratoga Sts., Baltimore. W.R.A.

TRANSACTIONS OF THE AMERICAN OTOLOGICAL SOCIETY.

The American Otological Society held its twenty-third annual meeting at the Hotel Kaaterskill, Catskill Mountains, N. Y., on July 15, 1890.

There were twenty-two members of the society present, and five other physicians by invitation.

At this meeting there were fourteen papers read on various topics in connection with the ear.

These papers show good care in their preparation, and as they are all based upon clinical experience, they make very interesting reading, especially for those who are interested in this subject.

The transactions are published by the society: Mercury Publishing Co., printers, New Bedford, Mass.

At the close of the session the following officers were elected for the ensuing year: President, Dr. Gorham Bacon; Vice-President, Dr. Huntington Richards; Secretary and Treasurer, Dr. J. B. Vermeyne.

The next annual meeting is to be held on the day preceding the annual meeting of the American Ophthalmological Society, and at the same place.

W.R.A.

OINTMENTS AND OLEATES.

By JOHN V. SHOEMAKER, A.M., M.D.

The sixth in the Physicians' and Students' Ready Reference Series embraces in its first part a consideration of ointments. There are described in addition to our official, also those ointments which are commonly used in this country, those substances which are used extemporaneously, and the official British ointments. The official lists of France, Germany and Austria are also given, while those familiar in the

practice of Italy and Spain have been compiled from all accessible sources. The reader may thus obtain a conspectus of the whole subject of inunction as it exists to-day in the civilized world. The second part of the work is devoted to the consideration of oleates, the preparation, action and therapy of which the author has made a special study during the past ten years. G.A.F.

EPILEPSY: Its Pathology and Treatment.

By HOBART AMORY HARE, M.D., B.Sc.
F. A. Davis, publisher, Philadelphia.

This is No. 7 in the Physicians' and Students' Ready Reference Series, issued by publisher Davis, and is an essay to which was awarded a prize of four thousand francs by the Academie Royale de Medecine de Belgique, December 31, 1889. The author fairly represents the views held by the students and specialists in the department of neurology as to the pathology and treatment of this dreadful affection. Any practitioner having a single case of epilepsy under observation should have a copy of this little volume.

THE PHYSICIAN'S ALL-REQUISITE TIME AND LABOR- SAVING ACCOUNT BOOK.

Designed by WILLIAM A. SEIBERT, M.D.
F. A. Davis, publisher, Philadelphia.

This is a very well arranged book, understood at a glance, and answers the purpose for which it was designed. The publisher issues two sizes, one of 300 pages and one of 600 pages, at \$5 and \$8 each.

THE MICRO-ORGANISMS OF THE HUMAN MOUTH: The Local and General Diseases which are Caused by Them.

By WILLOUGHBY D. MILLER, D.D.S., M.D., Professor at the University of Berlin. With numerous illustrations. Philadelphia: The S. S. White Dental Manufacturing Co., 1890.

The production of this handsome volume is ample evidence that the members of the dental profession are abreast of the times in their bacteriological

studies, carrying them on in the line of greatest interest to themselves. These investigations are of the greatest importance in dental pathology and of the utmost significance in the treatment of the teeth and mouth, all of which has a very potential influence on the general health. Many of Prof. Miller's papers have been given to the dental profession through their current journals, and we are much pleased that he has placed his work in permanent book form, where it is accessible to physicians and dentists alike.

ESSENTIALS OF PRACTICE OF MEDICINE.

By HENRY MORRIS, M.D.

A student desirous of storing up a well-arranged series of facts which will enable him to pass a creditable examination before a critical faculty, will find in this volume an excellent aid to his work. Not only to the college student, but to the young practitioner, will it be an aid in diagnosing affections or selecting remedies for them. We find also an appendix on "The Examination of Urine," by Lawrence Wolff, M.D., an elucidation of all the principles and difficult points in urinalysis. G.A.F.

THE MEDICAL STUDENT'S MANUAL OF CHEMISTRY.

By R. A. WITTHAUS, A.M., M.D. Third edition. New York: Wm. Wood & Co.

This is so well known by all teachers of chemistry that comment on our part seems to be unnecessary. The author continues the same arrangement and classification as that adopted in former editions. In this there are added the most recent discoveries in physics as well as in the chemistry of minerals. The book is right up to date.

BACTERIOLOGICAL TECHNOLOGY: For Physicians.

By DR. C. J. SALOMONSON. Authorized translation from the second revised Danish edition. By WILLIAM TRELEASE. New York: Wm. Wood & Co., 1890.

The issuance of this book seems to be just in the nick of time, when the attention of every one that is interested

in medicine is turned in the direction of bacteriological study. This volume is especially designed for those who take up the study of bacteriology without an instructor or other laboratory than that of home construction, and which need not be very expensive. This is the book that nine out of every ten physicians want.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS.

By SAMUEL W. GROSS, M.D. Fourth edition. Revised by F. R. STURGIS, M.D. Philadelphia: Lea Brothers & Co. For sale by Robert Clarke & Co. Price \$1.50.

The rapid sale of three editions of this work and its translation and publication in foreign languages attest its value and appreciation by the medical profession. Those who are without it should secure a copy of this new edition, as it explains many pathological conditions that are of interest to every practitioner.

A MANUAL OF AUSCULTATION AND PERCUSSION: Embracing the Physical Diagnosis of Diseases of the Lungs, Heart and Thoracic Aneurism.

By AUSTIN FLINT, M.D., LL.D. Fifth edition. Thoroughly revised by J. C. WILSON, M.D. Philadelphia: Lea Brothers & Co. For sale by Robert Clarke & Co. Price \$1.50.

This little volume is entitled to position as one of the classics in medicine, giving the results of the investigations of one of the best observers that ever graced our profession. Its value is greatly enhanced by the clearness and appropriateness of his style. In this Prof. Flint was a master.

ESSENTIALS OF THE PRACTICE OF PHARMACY: Arranged Especially for Pharmaceutical Students.

By LUCIUS E. SAYRE, Ph.G. Philadelphia: W. B. Sanders.

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THE CINCINNATI LANCET-CLINIC:

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HEMORRHOIDS AND THEIR SURGICAL TREATMENT.

A Paper read before the Cincinnati Medical
Society, November 18, 1890,

BY

L. J. KROUSE, M.D.,
Assistant to the Chair of Anatomy, Medical
College of Ohio.

By the laity at large, as well as by a good many physicians who do not get much trouble to make an ocular inspection of the parts, any affection located in the lower bowel is called a hemorrhoid.

It is no wonder that many patients suffering from diseases so located do not get much benefit from treatment, and that, after suffering for some length of time, they either become discouraged and imagine that they cannot be cured or fall into the hands of advertising quacks. For this reason I thought a brief *résumé* of the subject would not be out of place.

It is not the purpose of this paper to go into a thorough consideration of the etiology and pathology of hemorrhoids, but to give you more especially a condensed view of our present knowledge of treating this widespread affection.

In order to come to a definite understanding in regard to the treatment of these tumors, most authorities divide hemorrhoids into two classes; those that are situated within the bowel are called internal piles, and those that are external are called external piles. We have a third division including those tumors that are situated on the border line, and they are called entero-external piles, the external sphincter being the dividing line. The internal ones are

covered by mucous membrane, the external ones by derma, while the entero-external are covered partly by skin and partly by mucous membrane.

The internal hemorrhoids, also called bleeding piles, are tumors mostly made up of blood-vessels, held together by loose areolar tissue, which, in time, as the pile gets older, becomes more fibrous in character. These internal ones may be situated anywhere within the rectum, some authorities stating that they have observed them springing from the bowels above the internal sphincter muscle; but, as a usual thing, they are located below—that is, they are situated between the internal and external sphincter muscles. They may be present in an individual for a long period of time before attention is drawn to the parts on account of the bleeding. They rarely produce pain unless ulcerated, or when prolapsed and compressed by the external sphincter ani muscle. This variety, whilst giving the patient less pain than the external one, is more serious in its consequences and more difficult to treat.

The external hemorrhoids are situated outside of the verge of the anus, and are covered by the delicate and sensitive skin of this region. They are usually divided into two distinct groups, which bear no resemblance to each other. The first is nothing more than a mass of tortuous veins, held together by fibrous tissue, and chronic in character; the second, always appearing suddenly, is quite painful, assumes the globular shape, is freely movable, and is usually a single tumor. The latter is composed of extravasated blood resulting from a rupture of a venous radicle. In time, if nothing surgical is done to relieve the parts of the distension produced by the clot, the fluid ele-

ment becomes absorbed and the solid matter becomes organized, and a tag of skin marks the site of the previous pile.

If we study the anatomy of the parts, we notice that the skin covering this region is very thin, and is intimately united to the corrugator cutis ani muscle, which muscle originates from the submucous connective tissue of the gut, and in its course downward and outward its fibres, radiating like a funnel, are inserted into the skin. Immediately beneath this muscle and inseparably united to it, is the external sphincter ani muscle. All of these parts are closely united to each other, and are situated in the superficial fascia.

I have often seen these external piles soon after their appearance, and the question has naturally arisen in my mind, why do these tumors uniformly assume the spherical form; and, after having assumed that shape, why any amount of manipulation would not cause them to change their contour? If we look at the venous blood-supply, we notice that the inferior hemorrhoidal vein forms a plexus between the skin and the external sphincter ani muscle. This plexus which surrounds the anus gives off numerous branches, which anastomose with the veins of the neighborhood. Should an extravasation take place anywhere between the sphincter muscle and the overlying skin, then, on account of the intimate union of the parts, a globular mass will result; if, on the other hand, an extravasation takes place some distance from the anus, beyond the border of the sphincter muscle or beneath it, the result will be the same as if the hemorrhage took place in any other loose connective tissue⁽¹⁾—it will spread and not be circumscribed.

The question often arises, does an internal pile ever become an external one? Some authorities, amongst them Bodenhamer, say that they may. From

1. This can be illustrated by taking two pieces of adhesive plaster stuck together and forcing air between them by means of a blow pipe, when the protuberance produced will assume the spherical shape. If on the other hand the two pieces of adhesive plaster are not stuck together, the protuberance produced will not be localized, but will be more diffuse.

my limited experience, I can hardly agree with these writers. The internal pile springs from the loose submucous connective tissue of the gut, and protrudes into the lumen of the bowel. At the anus, where the rectum terminates, the mucous membrane of the bowel becomes continuous with the skin (the white line being the point of union); the submucous coat terminates at about the same point, and from this submucous layer we have springing the corrugator cutis ani muscle, which is also attached to the skin; and outside of this we have the sphincter ani muscle (a broad elliptical band surrounding the lower orifice of the bowel). These three tissues, the skin, the corrugator cutis ani muscle, and the external sphincter ani muscle, are external to the anus and are intimately united, and cannot be separated unless by the knife or scissors.

I admit that an internal pile may become external to the external sphincter muscle and protrude from the anus: it would then be a prolapsed internal pile, being covered by mucous membrane and not by skin; but I cannot, from the anatomical conditions, conceive the possibility that such an internal pile should force its way under the skin outside of the anus; and only in such a case would one be justified in saying that the internal pile had become an external one.

Now, what methods have we for the removal of these growths? They are numerous. The external varieties need not take up much of our time. If recent, the best plan of treatment is to transfix the tumor with a sharp-pointed bistoury and turn out the clot.

The internal variety merits our special attention. For these cases we have at our command in reality but one general plan of treatment productive of permanent results, and this consists in the removal of the tumors by any of the surgical methods; all other methods of treatment are only palliative, and will not be considered in this paper. The means at hand are ligature, the clamp and cautery, Whitehead's operation, the electro-puncture, and the injection method.

The ligature dates its origin back to the time of Hippocrates. His method consisted in applying a woollen thread as ligature to the base of the tumor, and then cutting off the strangulated mass. This method, with some improvements, has been handed down to our own times, and has been brought more into favor by Allingham. His method is to have the bowels first thoroughly moved by a cathartic, and shortly before the operation a large enema should be given, both for its cleansing effect as well as to bring the piles well into view. While the patient is straining, each pile should be caught separately by a tenaculum. Acting on the anatomical knowledge that a pile is supplied by a blood-vessel which enters from above, he cuts the pile loose from its attachment below and then dissects up the mass to about the point where the blood-vessel enters. A ligature is then thrown around the pedicle and the mass is cut off. If the pile is very large, it is divided into two or more segments by transfixing the mass with a needle armed with a ligature, and each segment is separately tied. The stump is then returned within the sphincter. This method is the one that is most commonly used, and requires from ten days to two weeks' confinement to bed, and frequently necessitates the use of the catheter.

The clamp and cautery method was first used in London, in 1848, by Mr. Lee. His plan of treatment consisted in applying a clamp to the base of the tumor, cutting off the greater portion of the protruding mass, and then applying nitric acid to the raw surface. Mr. Henry Smith, of the same city, has used this method for many years, and has improved it by using the actual cautery instead of nitric acid to the raw surface. "The method of using the clamp," he says, "is very simple, and consists of the following manoeuvre. The diseased portions, being well brought down previously by an injection, are separately seized with a vulsellum and handed to an assistant. The part is then enclosed within the blades of the clamp, which are screwed home quickly and thoroughly. The prominent portion of the pile or prolapsus is then cut

away by a sharp pair of scissors. The cut surface is next dried by a piece of lint or sponge, and either nitric acid or the actual cautery, so shaped as to come into contact with the whole of the raw tissue, is applied. When this is effected the blades are gently and slowly unscrewed, and, if there is no bleeding, the part is well oiled and allowed to return within the cavity of the gut; if, however, any bleeding point is seen, the blades are quickly screwed together and the cautery applied until the vessel is thoroughly sealed up. The finger is then introduced well up into the rectum. This step serves the triple purpose of returning all the parts well, of compressing any point which may possibly bleed, and of exciting the sphincter to healthy action."

More formidable than either of the preceding methods is that which goes under the name of Whitehead's operation. It consists of the removal of the entire pile-bearing region. A circular incision is made around the anus at the junction of the skin and mucous membrane, and an inch to an inch and a half of the mucous membrane of the lower part of the rectum is removed. Only the affected and diseased mucous membrane, with some of the submucous tissue, is excised, the other coats of the gut not being interfered with. The healthy portion of the mucous membrane above is then brought down and is attached to the skin of the anus. An ideal surgical procedure! This operation is limited to those cases of severe type, where the whole circumference of the gut is studded with piles.

Leaving these more severe surgical operations, which require the patient to be under the influence of an anæsthetic, we come to the simpler methods, which can be readily done in the physician's office, and which most physicians rather prefer, as no blood is spilt.

The injection method consists of injecting a certain amount of a coagulating fluid into the pile by means of a hypodermic syringe. Different surgeons use different fluids. Kelsey employs carbolic acid in 15, 33, 50 and 95 per cent. dissolved in water, with enough glycerine to keep the solution clear. Dr.

Fenn's solution consists of equal parts of fluid extract of ergot and a 95 per cent. solution of carbolic acid. Dr. Washburn uses a solution of carbolic acid in sperm oil in the proportion of 1 to 2 or 1 to 4, depending upon whether he wishes to produce sloughing of the tumor or only induration. Givard employs a solution consisting of tannic acid one part, carbolic acid two parts, alcohol four parts, and glycerine eight parts. The injection fluid used by those that follow the so-called "Brinkerhoff system" is composed of carbolic acid 3i, olive oil 3v, and zinc chloride grs. viii.

Electrolysis has been used to destroy these tumors. The positive electrode, which is a needle, is introduced into the centre of the tumor, while the negative pole is placed on an indifferent portion of the body. A current strong enough to produce a caustic effect should be used.

Having mentioned the various modern methods in use for the destruction of these tumors, it behoves us to analyse which of them is the safest for the patient, and which will cure him in the shortest time.

Henry Smith, in his report of over four hundred and fifty cases, in which he applied the clamp and cautery, not only to hemorrhoids, but also to prolapsus, states that he has lost but two cases. In only one of these cases was death due directly to the operation, the patient suffering from a prolapsus of such extent as to bring down part of the peritoneal covering of the bowel; this caused secondary peritonitis with fatal issue. He condemns the method of ligation, saying that it is often followed by ulceration, tetanus, pyæmia, and occasionally by death.

Bodenhamer, although not agreeing with Mr. Smith in his general condemnation of the ligature, still says that "the method by clamp, scissors and actual cautery, is the best and safest, and should be preferred if ever such an operation is resolved upon."

Kelsey now uses almost entirely the clamp and cautery, and says that after ligating these tumors, according to the plan of Allingham, he often found his

patients suffering great pain, which lasted from eight to ten days, and that he was frequently compelled to use the catheter for several days. Since using this method, his patients are almost entirely free from pain and seldom has he need to resort to the catheter. The convalescence is shortened, the patient being up on the second or at most on the third day. According to Mr. Smith the patient so treated leaves the hospital on the fourth, fifth, or sixth day.

Van Buren says that "the actual cautery, with our present facilities of applying it, stands very nearly on a par with the ligature."

As regards the injection plan of treatment, most authorities, who were at first highly pleased and enthusiastic over it, have, after their first enthusiasm passed away, given up this method almost entirely.

It was claimed by those who used this method that it was safe, that it was free from pain, and that it necessitated no confinement from work.

On the contrary, Dr. Matthews declares "that it is painful, insufficient, and liable to cause death by peritonitis, embolism and pyæmia."

Allingham says that he has "tried the injection plan, but the result was much pain, more inflammation than was desirable, a lengthy treatment, and the result doubtful; certainly not a radical cure."

Kelsey, who at first was an enthusiast, is not so now, and rarely uses it unless in selected cases. He claims that sloughs, marginal abscesses, lymphangitis, ischio-rectal abscesses, and deep fistula frequently follow, but has never seen a fatal case.

Andrews states "the method is moderately, but positively dangerous, and we cannot recommend it as proper in ordinary cases." In 3,304 cases collected by him, he finds that there were 13 deaths: embolism of the liver, 8; abscess of liver, 1; dangerous hemorrhage, 10; permanent impotence, 1; stricture of the rectum, 2; violent pain, 83; severe inflammation, 10; sudden and dangerous prostration, 1; carbolic acid poisoning, 1; failed to cure, 19; sloughing and other accidents, 35.

In conclusion, I desire to say that judging from the views as expressed by well-known authorities, and from my own experience, I believe that good results may be obtained by any of the surgical methods mentioned above. I cannot deny that I have a preference for the clamp and cautery operation, which seems to me to be the safest, producing a good result in a short time with the least discomfort to the patient. In cases, however, where the patient absolutely refuses the major operation, I would not hesitate to employ the injection plan, using, however, the weaker solutions.

302 W. Eighth Street.

[FOR DISCUSSION SEE P. 652].

CARBOLIC ETHER SPRAY.

Dr. Richardson (the *Asclepiad*, August, 1890), states that carbolic acid in ether, in the proportion of five grains of the acid to five fluid ounces of anhydrous ether, yields a good anæsthetic spray, possessing the following advantages:

1. The superficial anæsthesia produced appears before the skin becomes hardened from the cold, whereby, in cutting operations, the knife is less impeded than it usually is when there is dense freezing of cuticle.

2. If deep cutting be necessary, a continuance of the anæsthetic spray on the divided part causes very profound anæsthesia, so that the dissection of the part can be carried on without pain.

3. The anæsthesia produced is prolonged, and pain from reaction, which sometimes occurs after mere freezing, is reduced or prevented.

There is, however, a great disadvantage in using this spray, as it sometimes leaves a wound that does not readily heal, but remains irritable for several days, and heals by granulation, leaving a very ugly scar; again, if the wound be large enough, carbolic acid may be absorbed to cause carbolic poisoning. Dr. Richardson strongly recommends the use of this spray in cases of ulcerating cancer, where there is considerable pain, and an offensive discharge.

THE SURGICAL TREATMENT OF VARICOCELE.

A Paper read before the Cincinnati Medical Society, November 11, 1890.

BY

E. W. WALKER, M.D.,
CINCINNATI.

My only apology in presenting to the Society such a thread-bare subject as varicocele is to report three cases, in which an operation was performed—which to me is new—the success of which was complete.

Varicocele is, as we all know, a very frequent trouble, occurring to a greater or less degree in one out of every ten to twenty men. In the very large majority of cases it affects the veins of the left cord only. The reasons of this are numerous. The left testicle hangs lower than the right; a greater column of blood is consequently contained in the veins on the left than on the right side. The larger veins only have valves. The left vein empties at a right angle into the left renal vein, causing a certain damming back of the blood in the pampiniform plexus and veins of the cord; the right enters at an acute angle into the ascending cava. The position, assumed usually by men, of standing on the left foot has been supposed to have some effect. Passing through the narrow inguinal canal and lying loose in the connective tissue of the scrotum, the veins seem to be in a position to become over-distended. The position of the sigmoid flexure on the left side, over-distended by fecal matter, is also believed to be a cause of the frequency of the trouble on the left side. These are the principal reasons given for the occurrence of the trouble so much more frequently on the left side.

Slight turgescence of the veins of the plexus ought not to be called a varicocele. This condition occurs especially in those who have abused themselves, and is one of the frequent things that quacks point to as a fearful sequela of self-abuse. A person suffering from a slight varicocele is a good subject for any one of these adventurers to prey

upon. The honorable physician, however, would advise such a patient to stop the pernicious habit, prescribe some placebo, and not think of operating in such cases. It is only in extreme cases that an operation is to be considered.

What is an extreme case, and what are the symptoms? An extreme case of varicocele is one in which the mass of enlarged and elongated veins fills up one side of the scrotum. The mass feels like a bunch of earth-worms. The veins of the scrotum and testicles may also be much enlarged. The action of the dartos is destroyed by the stretching of the scrotal walls, and the consequent atrophy of the muscle-bundles. When the case has lasted for a long time a gradual atrophy of the testicle may set in. The general symptoms are, in long standing cases, in the first place, pain. This pain is in some cases very severe, in others only enough to remind the patient that something is unnatural about the genitals. Sometimes the pain radiates up the abdomen and down the thighs; at other times it is only a dead, heavy pain in the scrotum. The patient is generally very much worried about his condition, so as to become almost an hypochondriac. This mental condition, in exaggerated cases, is almost as frequent a cause for operation as the pain. If there is no pain, however, some placebo, or the application of a lotion at night and a well-fitting suspensory bandage in the day time, may relieve the patient for a time. If the worry returns and pulls the patient down an operation is, in my opinion, justifiable. Before any operation, however, the milder methods of treatment must be tried. Atrophy of the testicle may, and has, followed the operation of the subcutaneous ligation in the hand of the best surgeons. The other dangers of an operation are erysipelas and pyæmia, which may cause the death of the patient. Therefore, radical measures must only be entertained in extreme cases, and after the simple means have failed to give relief.

The methods of operating are numerous. Compression by pins, subcutaneous ligation, ablation of the scro-

tum, have all been advised. All kinds of ligatures have been used; silk, catgut and silver wire all have their advocates.

The first case operated on, by the method to be described later, was a young drug-clerk. He was of a slightly nervous temperament. He complained of a great deal of pain in the scrotum, and at times of great pain radiating up the abdomen. This pain was so severe that sometimes he had to give up his work behind the prescription-counter and lie down for an hour or two before he could continue at work. His varicocele was a large one; the scrotum was well distended with the bunch of veins, and the veins of the scrotum much enlarged. He was beginning to worry a great deal about his condition, and said that he was wakened up at night by the dead, heavy pain in his scrotum. He was given a lotion of lead and opium to be used at night, and ordered to wear a suspensory bandage in the day. This treatment afforded little or no relief. He demanded an operation, which was performed. Since the operation he has been (in his own words) a different man—no pain, sleeping all night, and all the mental worry has disappeared.

The second case was a somewhat similar one, except that the mental condition of the patient was very much worse than the first. He was really hypochondriacal in regard to his condition. He said he "could not keep his mind off of his testicles." He clamored for an operation, which was finally, after trying milder means, performed.

The third case has about the same history, except that it was in a lymphatic person, and the operation was made to relieve the constant dragging pain. The operation, performed thirteen months ago, afforded immediate relief from pain.

These three cases are, of course, extreme cases—the only kind in which any operation is justifiable.

The operation performed on all three cases was as follows: The scrotum being first washed and the hair cut off, the patient was anesthetized. The clamp (preferably one devised by Dr.

Henry, of New York), is applied, sufficient tissue being cut off to furnish a permanent suspensory bandage. The amount of scrotal tissue removed depends entirely upon the length of the scrotum. All bleeding vessels are tied. The next step in the operation is to ligate the varicose veins of the cord. This is readily accomplished, as they are already exposed. Instead of ligating the vessels *en masse*, in the cases reported from six to eight different small catgut ligatures were applied to the individual vessels. By that is meant with a blunt aneurism-needle, armed with fine catgut, a ligature was passed around a vessel; another vessel was isolated and another ligature put around it, and so on, until in one case eight different ligatures were applied. The object of the different ligatures was to insure the closure of some of the vessels completely and at the same time avoid the danger of atrophy of the testicle from a closure of all. After the application of the ligatures the scrotal wound was closed by a continuous suture of carbolized silk, aided by three or four interrupted sutures (so as to prevent the continuous suture from slipping in the lax connective tissue). The wound was thoroughly, dressed with antiseptic gauze, and supported by a suspensory.

In two cases the wound healed without suppuration; in the third case the stitches in the upper angle of the wound tore loose and the wound healed by granulation. The patients were none of them confined to bed more than fourteen days. In every case the patient was advised to wear a suspensory for a month after the operation.

The arguments in favor of this operation, it seems to me, are the following:

1. Under proper antiseptic precautions it is no more dangerous than any other.
2. It combines the advantages of amputation with those of subcutaneous ligation.
3. By the application of numerous ligatures (as described above) the danger of atrophy of the testicle is at a minimum.

96 W. 8th St.

[FOR DISCUSSION SEE P. 651.]

DISEASES OF THE TEETH AND THEIR RELATION TO THE GENERAL HEALTH.

A Paper read before the Cincinnati Medical Society, November 11, 1890,

BY

W. M. WILLIAMS, M.D.,
CINCINNATI.

Diseases of the teeth have become so common that it is a subject of paramount importance — a subject of importance to the physician, as well as to the dental specialist, and I shall endeavor, in this paper, to bring to your attention what on the subject should be of especial interest to the general practitioner.

Caries of the teeth, which is the most common affection, is largely a disease of childhood. The teeth erupt in an imperfect state of development as to structure. The ossification is incomplete; the center of the tooth is largely pulp, which each year becomes smaller until in old age the pulp is almost obliterated. The dentine, under favorable circumstances, becomes harder with age. Hence, we see that in childhood the teeth are less able to resist destructive agents, and decay does not have to penetrate far to reach the pulp.

Other causes than age predispose the teeth to decay. Sex is to be considered. Women do not have as good teeth as men for the reason that their health is less rugged. Any wasting disease, such as fevers or consumption, has its effect on the teeth, particularly in a person of thirty or thirty-five years.

Pregnancy has a most marked effect. Women whose teeth have always been good, often experience much trouble from caries after having had children. Indeed, this is quite the rule. Heredity is always a constant factor.

Caries of the teeth having once begun, rarely ceases to be progressive, and unless checked by treatment will go on to the destruction of the tooth; and it is most likely to involve adjacent teeth. After the caries has penetrated to the pulp, a more serious condition exists. Especially is this so in children, and it is apt to involve the loss of

the tooth. On the exposure of the pulp much pain ensues, which continues usually until the pulp dies, after which the tooth may remain quiet for a time until the pulp undergoes decomposition; and the products of the decomposition escaping through the foramen at the apex of the root, into the tissues beyond, set up an acute inflammation which usually runs a definite course; and after much suffering, and often great swelling of the face, terminates in an alveolar abscess at a point near the apex of the root of the tooth involved; and if the tooth be not removed or thoroughly treated, this abscess will remain open and become chronic.

This condition may terminate in other ways. If the diseased tooth be a superior first molar, the abscess may break into the antrum of Highmore and cause an abscess of that cavity. Fortunately, this is not a very common complication, but I have seen a number of cases of it. These abscesses occasionally cause necrosis of the jaw bone; and another serious result which frequently occurs, is where one of the inferior first permanent molars of a child from eight to fifteen years old becomes abscessed. The tissues being soft and yielding, the pus burrows and gravitates and forms an external opening, usually under the jaw. Sometimes there are several of these openings, forming unsightly scars. The salivary and lymphatic glands in the neighborhood generally become infiltrated. Such results are likely to happen in any case, but the sure preventive is the extraction of the tooth.

There are cases reported where a general blood poisoning has resulted from abscessed teeth.

Neuralgia is commonly associated with diseases of the teeth. In people of the neuralgic tendency, one of the branches of the fifth pair of nerves may be the seat of the most severe pain having its origin in dental lesions, and cases of the most cruel and persistent facial neuralgia are often entirely cured by the removal or treatment of diseased teeth.

While these are the most serious troubles that result from dental lesions, there are other consequences that invari-

ably attend them, dependent on the extent of the caries or number of teeth involved or already lost. Mastication cannot be perfectly performed owing to loss of teeth or pain in the diseased ones, and thereby food is taken into the stomach but imperfectly prepared for it, and as a consequence there are alimentary disturbances and mal-nutrition. I have known people to increase rapidly in weight after having had their teeth restored to a healthy condition or artificial ones inserted. Great as the effect of diseased teeth is in an ordinarily healthy person, much more would a person who is sick from other causes suffer therefrom, and convalescence may be greatly retarded.

A very offensive breath is caused by unhealthy conditions of the oral cavity, not alone always due to carious teeth, but to inflammations of the gums; also caused by salivary calculi or tartar.

It is common in people who have neglected their teeth to find nearly half of the thirty-two teeth largely broken down, and the gums tumified from diseased roots. Nor is this condition found only in the ignorant and poorer classes. People who have intelligence and means neglect themselves through want of thought or information on the subject, only to regret it bitterly when too late. It is the duty of a physician, who is the custodian of the health of his patients, to advise them on this subject and to see that their health and comfort does not suffer by this neglect.

141 W. 8th St.

[FOR DISCUSSION SEE PAGE 651.]

CARBOLIC ACID ANTIDOTE.—It appears to be not generally known that soluble sulphates completely antidote either carbolic acid or creasote, no matter how given, for when they meet they form a harmless compound (sulpho-carbolic acid).

An ointment for chapped hands is recommended in *Provincial Med. Jour.*, consisting of menthol 15 grs., salol 30 grs., olive oil $\frac{1}{2}$ drachm, and lanolin 1 $\frac{1}{2}$ oz. It is said to alleviate the pain on the first application.

Society Reports.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of November 11, 1890.

The President, MAX THORNER, M.D.,
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. E. W. WALKER read a paper
on the

Surgical Treatment of Varicocele (see p. 647).

DISCUSSION.

DR. LEONARD FREEMAN said he would like to ask the essayist if he thought there was any connection between varicocele and neuralgic conditions in various parts of the body.

DR. WALKER: I have never heard of any relation existing between the two conditions, and do not think there is any.

DR. B. M. RICKETTS: There are many different operations made for varicocele. I have operated several times, and think there is but one operation to make. I think that when we are satisfied that the case is going to be a severe one we should operate at once, and not wait until the case became extreme. In making the operation I opened up the tunica vaginalis and applied the catgut ligature. I can readily see how a man would be justified in taking out a piece of the scrotum. I am much pleased with the causes Dr. Walker has enumerated as giving rise to varicocele. I think they readily explain its occurrence.

DR. J. C. OLIVER: The knowledge of this condition of varicocele might be of benefit to the gynecologist. The cause, as Dr. Walker has given, is backward pressure of blood in the veins. The same cause produces hemorrhoids. In the female, subinvolution, etc., are probably caused in the same way as is varicocele. It seems to me that we might learn something from the opposite sex.

DR. R. B. HALL: I don't know that

the pathology of varicocele is intended to be discussed. The anatomical arrangement of the vessels described by the essayist is not new, and I do not see why the gynecologist should be accused of not being up in his anatomy.

DR. WALKER: One gentleman spoke of not waiting for a case to become an extreme one before operating. I do not think that in any case the surgeon is justified in operating until the case has become extreme. In an extreme case the scrotum must be elongated, and by excising a portion of it we form a permanent suspensory. If you simply open the tunica vaginalis and tie the vessels you still have the elongated testicle, and it will not contract. If ablation can be done in the way I described, we gain a big advantage.

DR. W. M. WILLIAMS read a paper:
Diseases of the Teeth and their Relation to the General Health
(see p. 649).

DISCUSSION.

DR. C. R. HOLMES: A prominent young lady of the city came to me a short time ago on account of intense pain in the left ear and radiating down the neck. She attributed it to a nasal catarrh which she had. Treatment availed nothing. I sent her away for a change of climate. She returned home with the same old story of pain in the ear. I examined the Eustachian tube but could find nothing. Finally one day I noticed that the gum was swollen just where the wisdom tooth was coming through. I introduced a probe and got pus. I then sent her to a dentist and the tooth was extracted. Shortly afterwards she came to my office again. She had swelling along the back of the neck extending down to the scapula. I gave her a placebo and all the symptoms disappeared the next day.

DR. C. E. CALDWELL: Reflex neuralgia due to the teeth is common. I have had a number of such cases. Whenever a case of severe ear-ache comes to my office I always first inspect the teeth, and often I find here the cause of the neuralgia. One case of severe facial neuralgia I sent to a dentist. He sent her back with the state-

ment that the teeth were all good, and that the neuralgia was due to malaria. I afterwards found a small abscess at the root of one of the teeth, which I opened, and the neuralgia then disappeared.

DR. FITZPATRICK: I would like to ask the essayist how he would differentiate between neuralgia due to the teeth and neuralgia due to the presence of intra-nasal hypertrophies.

DR. WILLIAMS: The way to differentiate would be to examine the teeth, and if they are all sound look elsewhere.

DR. THOMPSON: A probable answer to Dr. Fitzpatrick's question could be made by the application of a solution of cocaine to the nose. The same is also true of the teeth. By the application of cocaine here you can often allay the neuralgia.

DR. THORNER: Does not facial neuralgia sometimes result from the teeth even when there is no caries?

DR. WILLIAMS: A tooth that has a live pulp cannot have an abscess. By sounding the tooth or drilling into it you can ascertain whether the pulp is dead or alive.

Meeting of November 18, 1890.

The President, MAX THORNER, M.D., in the Chair.

L. S. COLTER, M.D., Secretary.

DR. L. J. KROUSE read a paper on *Hemorrhoids and their Surgical Treatment* (see p. 643).

DISCUSSION.

DR. N. P. DANDRIDGE: In the treatment of hemorrhoids my own personal preference is for the clamp and cautery. I have had better satisfaction by this method. By it you avoid the after-pain almost always present with the ligature, which sometimes is excruciating. The operation is more quickly done, is free from hemorrhage, and recovery is more quickly brought about. At the end of a week often the patient can be about. The operation now attracting most general attention is that of Whitehead. I have never seen the operation performed, and the descriptions of it are not perfectly clear. The results are said

to be exceedingly satisfactory. Carbolic acid I have used very little; the injection, however, has generally proved very satisfactory. I have had none of the dangers spoken of.

DR. C. B. VANZANT: My experience in the surgical treatment of hemorrhoids has not been extensive, and has been limited to one of the methods named—ligation. My results have always been good, and my satisfaction with this method has been great. While listening to the paper I recalled to mind a statement that I had somewhere read that was of interest as bearing upon the comparative pathology of this affection. Constipation is given as a leading cause of hemorrhoids, and yet in dogs and other animals that are so notoriously costive the condition is of extreme rarity. The reasons assigned for this exemption are two: First, the horizontal posture of quadrupeds; secondly, the presence of valves in the veins of the portal system of dogs, whereby the backward pressure or weight of the blood in the portal system is relieved. In man no valves exist in the portal system of veins, so that the entire weight of the blood is exerted on those most dependent, hemorrhoidal veins. Man's upright posture likewise adds to this effect.

DR. E. S. STEVENS: The surgeon who would be successful in the treatment of hemorrhoids, who would give his patients the simplest efficient treatment, and who would, moreover, hold his patients, must consider a mode of treatment not mentioned in the paper of the evening—namely, the non-operative treatment. There are many persons who are so afraid of anything that might be called an operation, no matter how simple the operation really is, that they will suffer on for years rather than have anything done to them. There are some cases which are so simple that entire relief may be given by medicinal means, and the relief will be permanent if the patient will form and hold to proper habits of living. These patients are usually constipated, and this condition ought to be remedied whether a surgical operation is necessary or not. In those cases where an operation is

indicated, but where the patient refuses it, the relief of the habitual constipation forms one of the most important factors in the palliative treatment.

As to the surgical treatment of hemorrhoids, I have never seen a case in which the operation of Whitehead would be justifiable, and I should hesitate before advising it. Of the other methods, I have seen as good results and as little discomfort follow the use of the ligature as from any other mode of treatment, and I have seen as much pain and general discomfort from the popular injection method as from either of the others.

DR. B. P. GOODE: In a practice extending over some years I have had some experience with the injection plan. In one case, where the hemorrhoids were very extensive, the patient had not had an operation from the bowels for years without losing at least an ounce of blood, and finally had become very anæmic and prostrated. I proposed the injection of carbolic acid. I used equal parts of carbolic acid and olive oil, using but five minims of this at an injection. I would inject one or two tumors at a time. Fifteen injections completely cured the case. There were no unpleasant symptoms produced and no detention from work. Carbolic acid, I believe, is not perfectly safe, but I have had no difficulty, although using it with some degree of fear. I never use above five minims of the solution mentioned. I make the injections at intervals of from five days to a week or more.

DR. R. B. HALL: I am like the previous speaker. In a general practice extending over fifteen or sixteen years I have had some experience in the treatment of hemorrhoids; even now I am occasionally called upon to treat hemorrhoids occurring in my line of practice. I have used the ligature, the clamp and cautery, and the injection plan. For ten or twelve years I used ligation exclusively. I followed out the suggestion of Allingham, transfixing and tying on the two sides. I never had any serious calamity from this, but occasionally considerable pain would follow. Afterwards I began using the

clamp and cautery, but I did not use it exclusively. In some cases it seemed preferable to ligate. I must say that by the clamp and cautery method the patients were much sooner convalescent, and suffered less pain. Finally I began to inject the piles, but it played me false. I have had sepsis following it. In one case of uterine trouble with complication of piles I injected five to six minims of a 33 per cent. solution of carbolic acid in olive oil and sent the woman home. In two or three days she had a temperature of 104°, rigors, and was a very sick woman. Hemorrhage followed greater than one would suppose from a little hemorrhoid. I had to tie it after dilating the sphincter and transfixing the base. I then said I had injected my last pile. I shall, however, continue to treat them when they come in my line of work. I like the ligature better than any other method.

DR. B. M. RICKETTS: I believe that good results can be obtained from the various operations. With the larger piles I sometimes tug-stitch them and allow them to come off. Sometimes I ligate. According to statistics of males and females, men have hemorrhoids more often than women. This is true only with regard to unmarried women. After child-bearing hemorrhoids increase in the female.

DR. KROUSE: In a case of prolapsus at present under my treatment I have been using the injection plan, using a 20 per cent. solution of carbolic acid. Ulcers, however, appeared, and I had to stop the injections. When ligatures are used it generally takes from ten to twelve days for it to separate. Under the clamp and cautery method the patient is able to be about much sooner.

DR. J. EICHBERG reported a case of
Ascending Spinal Sclerosis.

I desire to report a case of cerebral sclerosis following locomotor ataxia—in other words, a case of spinal sclerosis of ascending type—in which the cerebral symptoms have only lately become prominent. The patient, a butcher, now forty-seven years of age, first consulted me about six years ago for pains supposed to be of rheumatic origin.

There was the peculiar gait, the absence of patellar reflex, the fixed contraction of the pupils, and the slowness of the cutaneous reflexes below the knees. There was no history of syphilis. The patient is the father of six children, five of whom are strong and healthy; the other child, a girl of sixteen years, is very much retarded in development, presenting rather the appearance of a child of ten; she is, however, not defective in intellect, but is the subject of hereditary ataxia, and has, within the last four months, become totally blind in consequence of double optic atrophy. The unfavorable prognosis made at the time of my first visit caused the family to seek advice elsewhere, and I did not see the patient professionally until about eight months ago. His condition then was very much worse. The upper extremities were now involved; he could not use his hands or fingers with any satisfaction, sensibility being much impaired; there were girdle pains high up in the chest, but no distinct laryngeal crisis; there was a peculiar movement of the mouth, as though the lips had constantly to be separated by a forcible effort. Some indistinctness and sluggishness of speech, with occasional dribbling of saliva, marked the progress of the disease towards the bulbar centres. Within the last two months the indications of cerebral involvement have become more prominent, until they have now reached such a stage as to require restraint in an institution, to which the patient was committed to-day. At first the patient's symptoms were very mild, being noticeable on account of the unusual and unwarranted excitement, which, at that time, was wholly of a pleasurable kind. These periods of excitement were followed by attacks, showing a more and more pronounced maniacal type as time went on. The interval between the attacks diminished as the severity increased, and delusions of the grandiose type, formerly but transitory, have now become fixed. In the beginning, after the attack was over, the intellect was clear, and the patient's appreciation of his surroundings perfect, though he could not recollect any incident occur-

ring during the attack. Now he has constant ideas of greatness, such as that he is to go in uniform to New York to meet the Emperor of Germany, and together they are to occupy a magnificent garden of boundless extent, etc., etc. The rapid progress of the cerebral symptoms leads to the opinion that death will not be long in releasing the unfortunate man from his present condition.

I report the case because it is not often that locomotor ataxia terminates in this way, the extension of the sclerotic process to the brain being an unusual though not unknown sequel of what was originally an undoubted posterior spinal sclerosis. I may add that, in consequence of their long disuse, the emaciation of the extremities has become extreme, so that the limbs resemble those of a patient in an advanced stage of progressive muscular atrophy.

DISCUSSION.

DR. A. B. RICHARDSON: The case is quite an interesting one, and also one that is not very frequent. Among some 3,000 cases under my treatment in the asylum, I have only seen a few cases similar to this one. In one case, that of a Methodist minister, for a number of years there was considerable difference of opinion among his friends as to his mental state. Ultimately symptoms developed until there was no question as to his mental condition. It was a most chronic form of locomotor ataxia ascending in its form. The bulbar symptoms became very marked before death, especially those in reference to the tongue. Locomotor ataxia occurs not unfrequently among the insane, but not preceding the mental disease. Whether there are the same conditions present in the brain as in the cord is very doubtful.

DR. E. S. RICKETTS reported

A Case of Ovariectomy,

performed on a woman two months pregnant without interruption of the pregnancy.

While in Atlanta last week, attending the Southern Surgical and Gynecological Society, I was asked to see a lady with a very interesting history.

She was aged forty-one. Two years ago last August Dr. E. E. Montgomery, of Philadelphia, made an ovariectomy on her, pregnancy not being suspected until the abdomen had been opened. The ovarian tumor sprang from the left ovary. This, with the right ovary, which was cystic, was removed. Seven months afterwards she was delivered of a strong female child, that is now more than two years old and in good health. The mother has been suffering from an abscess of the right stump, which discharged into the vagina, being minus any ligature. She is having the characteristic flushings of the face of the menopause, with nervous symptoms.

DISCUSSION.

DR. R. B. HALL: I would like to ask Dr. Ricketts what he considers was the cause of the abscess.

DR. RICKETTS: I think the development of the uterus in pregnancy with the applied ligatures explains the cause of the abscess at the point ligated.

DR. HALL: It occurs to me that the cause of the pus on this side was the ligature. It does act as a foreign body in some cases and causes suppuration.

DR. RICKETTS: As far as the ligature is concerned, I have seen some cases in which, when a second operation was performed, no ligature was found on the stump.

DR. HALL: The fact that the ligature is not found does not prove that it is not there. Lymph thrown around it may conceal it. We know by cases reported and autopsies made after death that it takes from one to two years to get rid of silk ligatures.

A BAD FIELD FOR NOSTRUMS.—There is said to be a law in Bulgaria to the effect that if a patent medicine, which is advertised to cure a certain malady, fails to do so, the vendor of the remedy is liable for damages, and may also be sent to prison for a limited period of time as a punishment for publishing an untruth to the injury of the public.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases.

Selections.

THE SURGICAL TREATMENT OF TUBERCULAR PERITONITIS.

To the observer who has attentively watched the development of abdominal surgery, nothing is more surprising or inexplicable than the success attendant upon opening of the peritoneal cavity for the treatment of tubercular peritonitis. The first reported cases were naturally received with general incredulity, but the evidence has been accumulating till it is now convincing, and we can no longer doubt that even an exploratory incision is frequently followed by permanent cure of the local tubercular processes.

König (*Centralblatt für Chirurgie*, No. 35, 1890) has collected 131 cases of peritoneal tuberculosis treated by abdominal section, fourteen of which he himself operated upon, in the hope that a careful study might determine absolutely not only the possibility of a permanent cure, but also might suggest a satisfactory explanation for such a result. Of the 131 cases, 23 were greatly improved; 84 were cured (65 per cent.). But since of these 84 cases 54 were reported before two years had elapsed after the operation, it is not safe to decide as to permanent cure. There remain, then, 30 cases (24 per cent.) who exhibited no signs of intra-peritoneal tuberculosis for several years following abdominal section. Spencer Wells reports one of twenty-five years' standing, Schücking one of fifteen years and Stellweg one of thirteen years.

In 3 per cent. of the cases death could be attributed to the operation. In the other cases terminating fatally, either from the effects of local or general tuberculosis, the operation not only had no effect in hastening the end, but seemed almost invariably to exert a distinctly beneficial action. To the abundant clinical evidence thus offered as to the certainty and permanence of cure, post-mortem examination of patients perishing, after operation, of other maladies has offered full support.

As to the method by which these

cures were obtained, examination of the cases shows that there was only one condition common to all; that is, the belly was freely opened, and a certain amount of intra-peritoneal manipulation was practiced. In some cases this incision was merely diagnostic; in others the liquid was evacuated as freely as possible; in still others more radical surgical measures were adopted, curette, scissors and knife being used. All of these measures were followed by cure. Even the employment of anti-bacterial agents, often considered the sole factor in the favorable result, seems to be absolutely without influence. In eighty cases the abdominal cavity was washed out with antiseptic solutions, or sprinkled or rubbed with iodoform. In fifty cases no anti-bacterial agents were employed. Apparently a greater percentage of cures followed where no disinfectants were used.

A question of major importance is as to whether only certain forms of peritoneal tuberculosis can be cured by section. As is well known, the effusion may be serous, sero-fibrinous or purulent; may be circumscribed or diffuse. The tubercles may vary in size, being miliary in one case, in another as large as a hazelnut. The peritoneum may be smooth, roughened, thickened or covered with pseudo-membrane. In so far as clinical studies go, it would seem that all these different forms of tubercular peritonitis have undergone resolution after abdominal section, and consequently that they are all curable.

Peritoneal tuberculosis is dependent upon extension of the tubercular inflammation from adjacent organs, or to direct infection by means of the bacilli circulating with the blood. Phillips' pathological studies showed that of 107 cases of tubercular peritonitis the lungs were involved in ninety-nine, the pleura also in sixty, and the bowel in eighty. The frequency of intestinal invasion by tubercle is well known. The serosa becomes quickly involved, but this involvement may remain strictly localized, and may undergo spontaneous resolution if the original source of infection, the intestinal lesion, cicatrizes, as autopsy findings show that it frequently does.

When, however, the peritoneal involvement comes from a large organ, and is extensive, it is as difficult to conceive the rationale of spontaneous resolution as it is to explain in what way operative procedure, excepting that of total ablation of the disease, can possibly be of the slightest avail. Yet the fact remains that a gratifying percentage of success follows simple opening and intra-abdominal manipulation in cases of tubercular peritonitis.

—*University Med. Magazine.*

ON THE PREVENTION OF SHOCK DURING AND AFTER OPERATIONS.

Dr. Stephen Smith, in a paper upon this subject (*Medical News*, October 11, 1890), alludes to the fact that notwithstanding the great improvements in the treatment of wounds, the mortality from operations due to primary and secondary shock has not diminished, if, indeed, it has not increased. This is ascribed to more prolonged operations, nausea from anæsthetics, and the chilling dressings now applied. In the pre-anæsthetic days, rapidity of operation was the standard of perfection, and everything was sacrificed to that end. The tendency now has been to go into the other extreme, with the result that primary shock has diminished, but that secondary shock has increased. At the American Surgical Association in 1888, this subject was fully discussed, the following preventive means being proposed: "Wait for reaction; calm the patient by a cheerful word; give stimulants before the anæsthetic; make anæsthesia short; operate as rapidly as practicable; dress quickly; avoid chilling the patient. After the operation apply dry heat; give liquid nourishment, with stimulants and laudanum, by the rectum; inject brandy subcutaneously; by the mouth give aromatic spirit of ammonia, and also black coffee and brandy; secure quiet, a horizontal position, and sleep; assure the patient that all is over and doing well." These precautions are such as would naturally suggest themselves, and in spite of them secondary shock is very liable to occur. Dr.

Smith says that, fully realizing the danger of shock in many modern operations, he has been accustomed, when possible, to prepare his patients by stimulation to the extent of semi-intoxication, and with excellent results. His method is as follows: "Give the stimulant in hot milk, beginning from *eight to ten* hours before the operation. Such quantities are given, and so frequently as to secure a state of happy indifference to the operation on the part of the patient. If the operation is to be at three o'clock in the afternoon, I give directions to commence at six or eight o'clock in the morning. I prefer whisky to brandy, owing to its slow and persistent operation over a much longer period. If the patient is not accustomed to the habitual use of stimulants I order an ounce of whiskey every two hours in half a pint of hot milk. If at twelve o'clock, or even at ten, sufficient progress has not been made to render it quite certain that semi-intoxication will be secured at the appointed time, I give an ounce of whisky in milk every hour during the remaining time. When the requisite effect has been obtained the stimulation should be discontinued. In the case of habitual drinkers I have given two ounces every hour. It is important to give the stimulant in hot milk, which will furnish a large supply of easily-digested and readily assimilated food, in a form most useful to sustain the vital energies during the critical period of a severe operation, or during a necessarily protracted operation." These patients have suffused eyes, a flushed skin, a slow, feeble pulse, and complete indifference to the operation. They are kept warmly covered when on the table and the anæsthetic is directed to be suspended as frequently as possible. He remarks, in opposition to the prevailing opinion, that these patients come under the influence of ether very quickly, and that only a small quantity is required. In addition to the warm clothing he advises that the wound be douched with hot water, containing the disinfectant, by which he means a temperature of 145° to 150° F., the hand being a sufficiently good test. The water must not be allowed to remain in con-

tact with the tissues, but be used as a douche only, that is dashed into the wound from a pitcher so as to penetrate every recess. The wound surface turns a dull-gray color, all oozing of blood is arrested and this arrest is permanent, secondary bleeding not occurring. The dressings, consisting of materials retentive of heat, are then applied. Dr. Smith says that during the past ten years in which he has pursued this method, shock as an after complication has never occurred.—*Occid. Med. Times.*

MESSAGE AND MOBILIZATION IN THE TREATMENT OF FRACTURE.

Dr. Lucas-Championnière has just brought out a work which is a *résumé* of communications that he had made to the Société de Chirurgie on the application of massage and mobilization in the treatment of fractures. The treatment most efficacious for fractures is massage, but it must be applied whenever it is possible to do so. The application of massage may be divided into four classes:

1. Immediate and continued massage.—This may be employed in fractures susceptible of slight secondary displacement, or where the displacement interferes but little with the functions of the bone, such as fractures of the radius or of the fibula, fractures occupying the neighborhood of joints, partial fractures of the elbow, fractures of the neck of the humerus, certain fractures of the condyles of the femur, and fractures above the ankles.

2. Massage before the limb is put into an apparatus.—Applicable to fractures of the wrist with great mobility, fractures above the ankles, fractures of the superior extremity of the humerus, and to the most-mobile fractures.

3. The apparatus once placed is removed after two or three days; then methodical massage is practiced, the apparatus replaced, and removed again each day.

4. Immobility is necessary during some days, at the end of which time the union is sufficient to have the apparatus removed and massage practiced. The

manœuvres of massage comprise three orders, viz.: Movements of exploration; movements of massage properly speaking, movements produced in the neighboring joints.

The author concludes with a statement that he has obtained the following results: Rapid disappearance of the pain, the almost immediate re-establishment of the function of the limb, and the disappearance of the swelling, and extreme rapidity of the formation of the callus.—*Med. Record.*

THE WARNINGS OF GENERAL PARALYSIS IN THE INSANE.

Dr. Geo. H. Savage (*Medical Press and Circular*) has made observations on nearly one hundred cases of general paralysis, and from these concluded that the disease is a degeneration rather than a specific affection, and is most commonly met with in middle-aged married men, inhabitants of cities, flesh-eaters and drinkers of alcohol. It is not common amongst the congenitally deficient or epileptics; it is a frequent follower of constitutional syphilis, especially if this disease has affected the higher nervous organs or their envelopes, and it is not uncommonly related to head injury or to causes of nerve-tissue disease, such as those produced by lead.

In general paralysis there are two forms of onset, the gradual and the sudden. In the gradual onset the finer social and the finer muscular adaptations fail, and the changes and weaknesses of mind and body gradually show themselves. In the cases with sudden onset there is nothing to warn until a sudden storm arises, which may assume the character of a convulsive seizure or an attack of emotional excitement or one of mania.

Among the motor symptoms are: a feeling of fatigue, sometimes related to muscular paresis. Ataxia may be one of the first symptoms or it may occur at any time during the progress of the disease; in the first instance it is generally associated with muscular defects of the hands and tongue, which are out of

proportion to the progress of the ataxy, and the symptoms will be either those of exaltation or hypochondriacal melancholia, whereas if the insanity be that of the ordinary ataxia it will be of the suspicious and "persecuted" type. Temporary aphasia is one of the most striking and by no means uncommon symptoms of general paralysis. The aphasic attacks may recur and the aphasia is usually marked before changes in the handwriting, though this symptom is an early one. Facial expression is very early affected and friends often say that the patient appeared to develop a "fat face," due no doubt to a wiping out of the lines of the face. Ptosis and external strabismus are common in the diseased process, which ends in general paralysis, but rare as symptoms of the disease itself. Syphilis plays an important part. "If after a history of syphilitic cranial nerve-lesion, there are any signs of nervous instability, there is real reason to fear that general paralysis may be the result." Certain sensory symptoms will generally be recorded as having been present a year or more before general paralysis was recognized, such as headache, rheumatic pains and sciatica. The latter when double-sided, and especially if recurrent and associated with any change in habits or character, is a warning not to be disregarded. Affections of hearing and alteration in the senses of taste and smell are not uncommon. Amongst the warnings of a more mental kind the gradual loss of power of social accommodation is one of the earliest and most marked. Memory for recent events and for engagements is defective; loss of power of attention and want of persistence are all very well marked; restlessness may be of motor or of mental origin. Stupid stealing and thoughtless indecency are the most common symptoms of moral failing. The instability of the patient is almost always marked by readiness to be affected by stimulants or drugs. Changes of temper and character are early symptoms, and when associated with alternations of buoyancy and depressions, are of bad import. The sudden out-

break of mania is a frequent precursor of the disease, especially when it assumes the form of acute delirious mania.

The author concludes by calling attention to the fact that warnings of general paralysis may be present for years, and that almost certainly they are present for a year at least, before the symptoms induce even the sensitive specialist to scent out the disease.

SURGERY OF THE LATERAL VENTRICLES OF THE BRAIN.

In a paper read before the recent International Medical Congress on this subject by Prof. W. W. Keen of Philadelphia, the following conclusions were arrived at:—

1. Injuries involving the ventricles, the result of compound fracture or of trephining, and involving great disturbance of the cerebral substance, are not necessarily fatal, for ten of the twenty-six cases reported have recovered. In these few cases compound fractures and extensive injuries, unless primarily fatal, seem to be less dangerous than rupture of the ventricle from simple fracture. They should be treated antiseptically by drainage and the usual treatment of wounds in other regions. If pus follows, or if the cerebro-spinal fluid becomes dammed back, causing symptoms of pressure, incision and free drainage should be resorted to.

2. In cases of simple fracture involving the ventricles, experience would seem to indicate that it would be wise not to attempt any operative procedure unless threatening symptoms supervene. If necessary to interfere, the cyst containing cerebro-spinal fluid should be continuously and slowly drained by a small bundle of horse-hairs, rather than by freer evacuation. In the majority of cases constant pressure and but little active treatment may be all that is necessary.

3. Abscess of the brain bursting into the lateral ventricle has been thus far uniformly fatal, and demands the promptest treatment possible. The suggestion made for immediate bilateral trephining and irrigation of the ventricles can at least do no harm, although the possi-

bility of its doing good is but slight in so serious a condition.

4. Hydrocephalus, whether acute or chronic, is usually a fatal disease. Surgical procedures for tapping the ventricles for its relief are easy, and certainly do not, *per se*, involve great danger. Whether they will cure the disease is, as yet, not determined.

5. In acute effusions, tapping, with or without drainage, as may be thought best, will certainly save some lives otherwise doomed to be lost; and, in the chronic form, long-continued slow drainage at an early period is at least worthy of a trial, with a reasonable hope of success in a few cases.

6. The methods here described for performing the operation, especially by the lateral route, are at least worthy of a trial, with a view to determine the value of such surgical procedures.

7. After trephining and tapping the ventricles, irrigation of the ventricular cavities from side to side is not only possible, but it does no harm. In abscess involving the ventricle, and possibly in other conditions, it may possibly do good. The fluid used for such irrigation should not contain anything which, if retained and absorbed, might do harm. An artificial cerebro-spinal fluid or a simple boric acid solution would seem to be the best for such use.

8. Convulsions, due to too rapid withdrawal of the cerebro-spinal fluid, may be checked by injecting an artificial cerebro-spinal fluid, or such other innocuous fluid that is available.

9. In either irrigating or injecting the ventricles, it is probably desirable that the air should not enter, but such entrance of air does not seem to be productive of mischief.

10. In hemorrhage into the lateral ventricle, at least of traumatic origin, immediate trephining and evacuation of the clots should be done, which in a few cases will probably be followed by a cure, unless the injury of the cerebral tissue is so great as to be incompatible with life.—*Mont. Med. Journal.*

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THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

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DR. J. C. CULBERTSON,
EDITOR AND PUBLISHER,
199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, November 29, 1890.

The Week.

MEDICAL SOCIETY HOMES.

Within the past month the New York Academy of Medicine has moved into its own new and handsome building. The ceremonies at the dedication were full of interest not only to the active members of the Academy, but to thousands of others, who looked upon the event as an era in the great metropolis of our common country. For a number of years the medical profession of Philadelphia have possessed and enjoyed the use of a commodious building. Such a structure, that is owned and used by all the local medical societies in a city, is a focus from which emanates an *esprit de corps* that is of inestimable value. Such buildings should be fitted up for library and reading-room purposes, with a suitably-sized hall for society meetings, to which should be attached a kitchen and pantry. Physicians have stomachs and experience the cravings of wholesome appetites, and enjoy the pleasures of the social board quite as much as other people.

One of the regretful things that is only too often observed is that in villages and towns of small size the rivalry of members of our profession becomes a bitter jealousy. This, of course, accords with the natural disposition of the men, but is sufficient to be a bar to the social amenities that add to the joys and length of life. As towns become cities and cities assume metropolitan proportions, the members of our profession more and more seek each others' society. The gregarious nature of man causes the assembling together of those who have like tastes and inclinations.

The last issue of the *American Practitioner and News* gives a most interesting account of a gathering of the members of the three local medical societies of Louisville at the rooms of the Pendennis Club. Dr. W. Cheatham was the host of the occasion. Dr. Ouchterlony read an essay on the "Medical Practitioners, Teachers and Hospitals of Europe." The menu was in keeping with the well-known character of the host's hospitality, and to those who do not know Dr. Cheatham we will say it was of the highest type "Kentuckian." After the usual oratory of such an occasion—and every Kentucky doctor is an orator—ways and means for the establishment of a physicians' club or institute on a permanent basis became a very live issue, and was vigorously discussed. And we want it to go into permanent history—that without a dissenting voice it was agreed that the societies represented in the meeting took the initial step in what promises to be the medico-social event of that city. *The Practitioner and News* says:

A committee was appointed to take the work in hand, and the sum of \$3,500 was subscribed for the purpose on the

spot. When this sum is increased, as it may easily be, to \$15,000 or \$20,000, the profession will find itself in possession of a commodious place where medical societies may meet, and medical entertainments be given under the best possible surrounding.

A library will be provided, where books, ancient and modern, may be found, and where full files of all the medical journals of the world will be at the service of the members. Such an institute must become the focus of medical influence for the region of which Louisville is the centre, while the benefits derivable from it by the profession of this city will multiply with the coming years.

In view of this almost certain result, it goes without the saying that the joint session of the three societies for the year 1890 was the most important meeting of medical men held in this locality in recent years.

We do not know it as a fact, or even from hearsay, but, judging from experience and observation, we feel assured that the meeting of the three Louisville medical societies was a direct sequence from the meeting of the Mississippi Valley Medical Association in that city in October. The taking care of this large Association necessitated the gathering together and closing up of the local ranks, while the great-hearted Cheatham had the acuity of vision to see that the time was auspicious for a union of hearts, hands and purposes, from which would grow a tree of life to the profession he loves so well.

The advantages that will accrue from the planting of this evergreen shrub will be like the brook that goes on and on year after year, babbling and bubbling as it carries nourishment to the grass and grain, the willows and trees that line its banks; so the Physicians' Institute in Louisville will in and of itself supply a highly-cultivated mental pabulum to the hungry and thirsty

delver for a nutrition that feeds the stomach and brain, enabling the Louisville physicians to send forth even a greater light than ever before. The step in advance on this memorable occasion gives the right to anticipate much more than ever before from the Louisville profession.

The physicians of Indianapolis have also taken action similar to that of the Louisville physicians, which will have a most beneficial influence on the profession of the entire State of Indiana. With a profession that represents the model of all State societies, there will now be a professional centre—a professional capital—that will do incalculable good in a multitude of ways. The Indianapolis Institute will be an Indiana Home, that will be the abiding place of all reputable Hoosier physicians.

There is no one thing the local medical profession so much need as a local institute. A professional home, with its reception-room and parlors, its hall and kitchen, its library and reading rooms. Our Cincinnati physicians are not of the class to remain very long behind those of other cities in enterprise and spirit, and the only seeming reason for an apparent deficit is the fact that the city is so amply provided with social and scientific clubs and places of resort, that a special medical institute building has been neglected. We feel that the time is at hand for active steps, looking to the erection or procuring of a building in the centre of the city that will, in all respects, be a credit to our city and to our profession.

There are in Cincinnati four medical societies, viz.: the Academy of Medicine, which meets in Lancet Hall every Monday evening; the Cincinnati Medical Society, meeting in the same place every Tuesday evening; the Walnut Hills Medical Society, that meets

at the member's houses, and is geographically local in its membership; and the Obstetrical Society. These societies should unite and become one organization. Quite a number of the more progressive men belong to two, three, or all of these societies. One organization would undoubtedly be more generally useful, and in order to the accomplishing of the very best, as well as most possible work, sections would be necessary. The present Obstetrical Society, of which the general profession knows nothing, should be the obstetric section, and open to all members interested in that department of our art. We have a number of oculists who could become a section, with its work open in like manner to all members. Our surgeons are respectable in numbers, as well as standing, while the pathologists take in a large number of young men whose professional attainments are not excelled in any city. Of our general practitioners, their light shines so continuously in the pages of the LANCET-CLINIC as to make comment on our part a superfluity.

The three general societies remind us very forcibly of the old time general practitioner who made continuous efforts to do anything and everything that came to his house and hand.

The professional field has so broadened that, in all large places there has naturally grown up a division of the field and of the laborers. The oculist don't attend uterine diseases, or the rhinologist those of the rectum; and so on through every department of our profession, lines are drawn with more and more definiteness every year, so that the time has come when we are very bold in saying: We want a Cincinnati Medical Institute, an institute that will be the profession's own home,

and we want it bad. We want our physicians to discuss the propriety of a union as one body, in one society. This is greatly needed, and needed much more than is generally supposed, or is apparent to the casual observer and thinker.

The entire medical profession expect very much, in the way of research and society work, from Cincinnati physicians, and facilities in accordance with the times must be provided. We personally know the men are here who are equal to any occasion or professional purpose that may be demanded of them, but up to date we are practically a homeless body, with an existing harmony that may be likened to that of a well-regulated family. We need, we must have a home for our gatherings, a home to cement the ties of brotherly love and to weld more strongly the links of loyalty to our profession.

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday, evening December 1, DR. T. V. FITZPATRICK will read a paper on "Exudative Sore Throat;" DR. G. W. RYAN will read a paper on the "Early Diagnosis of Hip-Joint Disease." Also paper by DR. KEBLER.

December 8, papers will be read by DRs. J. L. CLEVELAND, E. E. SATT-
LER, and B. F. BEEBE.

CINCINNATI MEDICAL SOCIETY.—

December 2.—The first paper of the series on Tuberculosis will be read by DR. JOS. EICHBERG; subject: "Pathology of Tuberculosis."

"Clinical and Bacteriological Observations on Pyoktannin," by DRs. HOLMES, THORNER, BRADY AND FREEMAN.

"Removal of Fibroid Tumor by Supra-Vaginal Hysterectomy, with Report of a Case;" also exhibition of specimens and report of a case of "Re-

moval of the Appendages for a Bleeding Fibroid," by DR. RUFUS B. HALL.

THE next meeting of the Southern California Medical Society will be held in Los Angeles, December 3 and 4. A program of unusual interest is promised, and a large attendance expected. Hotel rates will be reduced for members and their friends; and the local profession will extend visitors every courtesy. Members intending to present papers or report cases, whether volunteer or by appointment, are requested to send titles to the Secretary at once.

Programs will be sent to members as soon as completed.

JOHN L. DAVIS, M.D., *Secretary*,
Los Angeles, Cal.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The eighteenth annual meeting will be held at Charleston, S. C., Tuesday, Wednesday, Thursday, and Friday, December 16, 17, 18, 19, at Hibernian Hall.

Dr. Mackenzie says that a solution of two parts of tannic acid and one part of gallic acid will stop any hæmorrhage after excision of the tonsils.

A Berlin paper mentions as one of the results of the late Congress, the publication of four hundred engagements of marriage.

FOR SALE—A first-class special practice in nose, throat and chest in a growing western city of 50,000. Will stay thirty or sixty days to thoroughly introduce successor. A splendid opening at a bargain. Compelled to change climate on account of health. Address, C. H. J., care LANCET-CLINIC, Cincinnati, O.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

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Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending November 21, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Croup.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....	1	..	..	..	..
2.....	1	..	..	..	..	..	..	..	..
3.....	4	2	..	..	..
4.....	3	1	1	..	..
5.....	2	..	..	..	..
6.....	3	..	..	..	..
7.....	1	..	..	..	1	3	..	..	..
8.....	1	..	..	..	..
9.....
10.....	1	..	..	..	1	..	..	..	..
11.....	3	2	..	..	..
12.....	3	2	1	..	..
13.....	2	..	..	..	1
14.....	1	1	..	..	..
15.....	1	..	..	..	3	1	..	..	..
16.....	1	..	..	..	..
17.....
18.....	1	..	..	..	..
19.....	1	..	..	..	..
20.....	3	..	..	..	..
21.....	1
22.....	6	1	..	..	..
23.....	7	..	..	..	..
24.....	7	..	..	..	..
25.....
26.....	4	..	..	..	..
27.....	1
28.....	2	..	..	..	..
29.....	1	..	..	..	..
30.....	1	1	..	..	..
Public Institutions	2
Totals.....	4	..	..	..	62	13	2	1	5
Last week.....	11	..	..	..	52	11	2	4	8

The following is the mortality report for the week ending November 21, 1890.

Croup.....	1
Diphtheria.....	13
Typhoid Fever.....	5
Other Zymotic Diseases.....	3-22
Cancer.....	3
Consumption.....	18
Other Constitutional Diseases.....	2-23
Bright's Disease.....	4
Bronchitis.....	3
Convulsions.....	4

Gastritis.....	2
Heart Disease.....	6
Liver Disease.....	2
Pneumonia.....	6
Other Local Diseases.....	16-43
Deaths from Developmental Diseases.....	10
Deaths from Violence.....	3
Deaths from all causes.....	101
Annual rate per 1,000.....	16.16
Deaths under 1 year.....	15
Deaths under 5 years.....	25
Deaths for corresponding week of 1889....	114
Deaths for corresponding week of 1888....	84
Deaths for corresponding week of 1887....	144

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 64 cities and towns during the week ending November 21, 1890:

Diphtheria: Akron, 2 cases; Bloomville, 2 cases; Bucyrus, 2 cases, 1 death; Carthage, 3 cases, 1 death; Chillicothe, 2 cases; Cincinnati, 62 cases, 13 deaths; Columbus, 10 cases, 3 deaths; Cleveland, 17 cases, 7 deaths; Dayton, 31 cases, 2 deaths; E. Liverpool, 1 case; Elyria, 3 cases, 1 death; Forest, 1 case; Ironton, 2 cases; Lockland, 1 case; Marietta, 3 cases; Middleport, 8 cases, 3 deaths; Port Washington, 1 case; Prospect, 4 cases; Sandusky, 1 case; Springfield, 4 cases; Tiffin, 5 cases, 3 deaths; Toledo, 8 cases, 5 deaths; Union City, 1 case; West Jefferson, 7 cases; Woodville, 3 cases, 1 death; Youngstown, 4 cases, 3 deaths.

Scarlet Fever: Akron, 1 case; Cambridge, 1 case; Chillicothe, 3 cases; Cincinnati, 4 cases; Cleveland, 10 cases, 1 death; Clifton, 2 cases; Columbus, 4 cases; Crestline, 3 cases; Dayton, 4 cases; Defiance, 1 case; E. Liverpool, 1 case; Elyria, 1 case; Findlay, 1 case; Ironton, 6 cases; Middleport, 6 cases; New Carlisle, 1 case; New Straitsville, 2 cases; Port Washington, 2 cases; Prospect, 2 cases; Sandusky, 1 case; St. Paris, 1 case; Springfield, 3 cases; Toledo, 1 case; Weston, 4 cases, 1 death; Youngstown, 4 cases, 1 death.

Typhoid Fever: Berea, 1 death; Bucyrus, 1 case; Cedarville, 3 cases; Chillicothe, 2 cases; Cincinnati, 6 cases, 5 deaths; Cleveland, 8 cases, 4 deaths; Conneaut, 2 cases; Findlay, 5 cases; Fostoria, 4 cases; Leetonia, 1 case; Mechanicsburg, 1 case; Millersburgh, 2 cases; New Lisbon, 1 case; New Straitsville, 1 case; Oberlin, 1 case; Piqua, 1 death; Prospect, 1 case; Sandusky, 1 case, 1 death; Shawnee, 1 case; Westerville, 1 case; Wabash, Tp., 3 cases.

Whooping-Cough: Bucyrus, 3 cases; Middleport, 15 cases.

Measles: Cleveland, 9 cases; Findlay, 1 case; Ironton, 19 cases; Tiffin, 1 case; Toledo, 1 death.

No infectious diseases reported to health officers in 16 places.

C. O. PROBST, M.D., Secretary,

Bibliography.

DISEASES OF THE EYE.

By EDWARD NETTLESHIP, F.R.C.S. The fourth American edition from the fifth English edition. With a chapter on "Examination for Color Perception," by WM. THOMSON, M.D. Philadelphia: Lea Brothers & Co., 1890. For sale by Robert Clarke & Co. Price \$2.

The mere statement that the fifth edition of this work of Mr. Nettleship has made its entrance into the crowded world of books is in itself the best evidence of its merit. It is equivalent to the endorsement of thousands; to many the very name of the author would be a further guarantee of its worth.

In the compass of 500 royal 12-mo. pages the subject of ophthalmology in all its phases is presented in a style uncommonly attractive; the author has most successfully accomplished his aim in furnishing the student with a text-book very concise but remarkably clear and comprehensive. The illustrations throughout the work are well selected, admirably executed, and add materially to its value. Two chapters, which in substance are not to be found in any other American text-book treating of the eye, deserve special notice; one is a practical treatise on color-blindness, with methods of examination of railroad operatives, and the other is on the etiological relation of general diseases to ocular affections. These two articles are of themselves well worth the price of the book. C.W.D.

MEDICAL OPHTHALMOLOGY: Including an Atlas.

By W. R. GOWERS, M.D. Third edition, revised throughout, with numerous additions. Edited with the assistance of MARCUS GUNN, F.R.C.S. Philadelphia: P. Blakiston, Son & Co. For sale by Robert Clarke & Co. Price \$5.50.

Dr. Gowers is one of the indefatigable workers in neural disease, and has given us much of our very best literature on this subject. This work, that has gone through two editions, is in a line with his studies, and in which he introduces microscopic figures by photolithographic plates that make it an

object lesson for every reader. To the specialist the work is a necessity, while its value will be fully appreciated by the general practitioner who is obliged to attend very many diseases of nervous origin.

REST AND PAIN: A course of lectures on the influence of mechanical and physiological rest in the treatment of accidents and surgical diseases, and the diagnostic value of pain.

By the late JOHN HILTON, F.R.S. Edited by W. H. A. JACOBSON, F.R.C.S. Reprinted from the last London edition. P. W. Garfield, Cleveland, O.

In the hop, skip and jump race in the progress of medicine in the last quarter of a century, it is the fate of a great mass of medical literature to be classed as of the ephemeral order, and after the issue of a first edition to be relegated to the past without so much as an obituary notice. Like planets in the starry heavens, here and there a work is written and given to the medical world that is destined to stand as a milestone, marking our era in medical history. This work of Hilton's is destined to stand in that relation. It is so well known to the profession at large as to need no commendation on our part, for no well-appointed library is without it.

The edition before us has been recently revised by Dr. Jacobson, and made even more valuable than its predecessors.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD.

By J. LEWIS SMITH, M.D. Seventh edition, thoroughly revised. Philadelphia: Lea Brothers & Co. For sale by Robert Clarke & Co. Price, \$4.50.

Although it is but four years since the issue of the last edition of this work, many additional facts have been made known relating to diseases that are peculiar to infancy and childhood. The work has been almost entirely rewritten and includes a chapter on intubation, by Dr. Joseph O'Dwyer. New chapters on conjunctivitis, icterus, sepsis, umbilical diseases, epilepsy, tetany, and typhlitis, are also incorporated,

making the volume very complete. Recent investigations and discoveries relating to the bacterial origin of local, as well as constitutional diseases of early life are shown in the light of the most recent researches. As the work of general practitioners is very largely among children, this volume will be found of very great service.

A MANUAL OF THE PRACTICE OF MEDICINE.

By FREDERICK TAYLOR, M.D. Philadelphia: P. Blakiston, Son & Co. For sale by Robert Clarke & Co. Price, \$4.00.

The man who writes a work on the practice of medicine, and accomplishes the purpose in a moderate-sized volume of eight hundred pages, has, of necessity, given but a very short account of the present state of our art. The book before us is of this character. It is useful to the student as a remembrancer, all descriptions being concisely and lucidly written. The author disarms criticism of its brevity by giving it the title of "a manual."

THE TIME RELATIONS OF MENTAL PHENOMENA.

By JOSEPH JASTROW, Professor of Psychology in the University of Wisconsin.

PROTOPLASM AND LIFE.

By CHARLES F. COX, M.A. New York: N. D. C. Hodges, publisher.

These are exceedingly interesting essays, that contain some very wholesome and instructive reading for the thinking men of our profession. To discuss them would require a whole number of this journal. We commend them both to the students of our profession.

TEXT-BOOK OF MATERIA MEDICA: For Nurses.

Compiled by LAVINIA L. DOCK, graduate of Bellevue Training School for Nurses. New York: G. P. Putnam's Sons, 1890.

The establishment of training schools for nurses in all the large cities makes it at once necessary to place in their hands text-books that are concise but not elaborate, and at the same time containing what is essential for the nurse

to know. This little book fills that place.

THE PATIENT'S RECORD: For the Use of Physicians and Nurses.

Compiled by AGNES S. BRENNAN. New York: G. P. Putnam's Sons. For sale by Robert Clarke & Co. Price \$2.

This is a very convenient blank book, specially ruled for giving the date, time, temperature, pulse, respiration, medicine, nourishment, stimulants, remarks and urine. In this form we have a great improvement over the common tablet that is generally used for this purpose; besides, the book shows a daily record of the case in all its features.

PROGRESSIVE EXERCISES IN PRACTICAL CHEMISTRY.

By HENRY LEFFMAN, M.D., Ph.D., and WILLIAM BEAM, M.A. Illustrated. Philadelphia: P. Blakiston, Son & Co.

This is not designed for the place of a text-book, but is one of those convenient little affairs that is easily slipped

in the pocket for use when needed as a ready reference.

THE MEDICAL NEWS VISITING LIST FOR 1891.

This favorite and popular list is in the field for the ensuing year. Conveniently arranged, neat and strong, it is destined to more than hold its place among competitors. The price, \$1.25, places it within the reach of every one.

DR. LASSAR, Secretary of the Tenth International Medical Congress, ran away from Berlin to escape the consequences of treating the Empress badly while conducting her through the exhibition. It is also said that his official statements were incorrect. Lastly he is said to be insane.

As a local anæsthetic, Dr. J. B. Mattison, recommends a spray of the following compound, viz: Menthol, one drachm; chloroform, ten drachms; ether, fifteen drachms.

Champagne ANALYZED

Of Interest to all Medical Practitioners.

WHAT IS SAID BY

THOMAS KING CHAMBERS, M.D., F.R.C.P.
R. OGDEN DOREMUS, M.D.
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MEDICINE AND SURGERY.

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Whole Volume LXIV.

Original Articles.

THE GENERAL PATHOLOGY OF TUBERCULOSIS.

A Paper read before the Cincinnati Medical
Society, December 2, 1890,

BY

JOSEPH EICHBERG, M.D.,
CINCINNATI.

The subject of this paper, long the leading problem and the reproach of pathological science, is so no longer. Bereft of the many speculations and theories, that have obscured our knowledge, and guided the student into strange and unfamiliar paths, the doctrine of the general pathology of tuberculosis rests to-day upon a basis so firm and stable, that it can readily stand the tests applied to any exact science; so that we can foresee the answers to the test as surely as we calculate a mathematical problem or a chemical equation; and this, too, despite the fact that we are dealing with living products, whose chemical properties are, as yet, wholly unrevealed. It may seem strange, that a statement bold as this, which would, ten years ago, have been received with pitying incredulity, now passes unchallenged by every one familiar with pathological research; nay, even more, that what has become common property as to the general pathology of this disease should, in reality, have opened up an entirely new world to us, and have resulted in great practical benefits, of which the end is not yet. Even as we write, the whole civilized world is strangely moved by the reports that come from Berlin, of a cure for tuberculosis, discovered by Prof. Koch, whose great work in the past has inseparably

associated his name with this dread malady, for all succeeding ages.

The essence of the question as to the nature of tuberculosis is easily reached. Tuberculosis is an infectious disease of extraneous origin, running a course either acute or chronic, not necessarily fatal, and manifesting in its development a special preference for serous and lymphatic structures. It pays no respect to age or sex or social station. The local manifestations and the sequence of symptoms are governed entirely by the primary focus of invasion; and, as the only structures in the body that appear to be wholly exempt, are the proper substance of the heart and of the voluntary muscles, it can readily be understood how diversified must be the aspect under which the disease is encountered. Its history is very frequently modified by the nature and functional prominence of the part affected; the progress of the trouble, for instance, being rapidly fatal when the central nervous system is involved, whereas it may remain dormant, or quietly smoldering along in the articular end of one of the long bones for months and years.

Tuberculosis has this in common with other infectious diseases, that, following the introduction of its virus into the economy, a period of incubation, always of about the same duration, precedes the appearance of decided symptoms. Cohnheim first called attention to this fact, basing his statements upon experiments made by himself upon rabbits. For the study of this point the anterior chamber of the eye was chosen as the point of inoculation; and, as the bacillus was then unknown, a fragment of tubercular tissue, obtained from a cadaver or from extirpated tubercular lymphatic glands was carefully

cleansed, and inserted, through a linear incision, into the anterior chamber of the eye. Following the operation, there was usually but a very mild iritis and keratitis, easily controlled by instillation of atropine solution. After a few days, the cornea became clear, the iris clean and normally bright, and the aqueous humor was free from exudative inflammatory products; so that the implanted foreign body could be seen, clearly outlined, upon the capsule of the lens. For several weeks the parts remained in this condition, without other change than, possibly, a slight diminution in the size of the tubercular body. Suddenly, after an interval of from twenty to thirty days, a decided change was noted; a number of small, translucent, grayish nodules appeared in the substance of the iris, projecting forward slightly into the anterior chamber, and leaving the tissue of the iris strongly reddened between. The nodules increased in size more or less rapidly, as also in numbers; and, while the disease remained stationary at this stage in some instances, in others it progressed rapidly, attended with keratitis, with softening of the cornea, and, finally, with destruction of the globe. Most interesting in these cases, however, was the frequent post-mortem discovery of a pretty generally disseminated tuberculosis of lungs, spleen, lymphatic glands and other organs.

This period of incubation, so characteristic of all infectious diseases, tuberculosis shares more especially with a number of peculiar affections, that are now pretty generally arranged in the same class. These have the one common property, that they are all attended by the development of tumorous growths of microscopic or macroscopic dimensions—for the tubercle, the anatomical landmark of tuberculosis, is a tumor in all that the word implies. It is a parasitic growth, developing at the expense of the tissue in which it is lodged; it possesses a vitality of its own, which enables it to pass through a series of distinct changes, ending commonly in central necrosis and caseation; it may continue to grow in size until it attains the large proportions observed

in the solitary tubercles, that develop in the central nervous system of children, to which there is apparently neither investing membrane nor limit of increase. The tubercular tumor possesses, too, the elements of great malignancy, seeing that it can infect its own neighborhood, thus causing a series of secondary tubercles on its confines; or that, once it gains access to the circulation, it can lead to the formation of similar tumors in distant parts, wherever the blood current deposits its virus.

The other infectious diseases in which we find analogous conditions are syphilis, lupus, leprosy, actinomycosis, farcy, and the so-called *perlsucht*, or tubercular disease of domestic cattle. Not inaptly have the anatomical products of these affections been ranged together under one heading by Klebs, who proposes for the class the name of infectious tumors; infectious granulomata is another designation, suggested by Ziegler; while Klebs has proposed a third, founded on histogenetic details, that of leucocytomata.

Now, while all of these diseases, are, strictly speaking, infectious, and dependent for causation upon an organized virus, yet they differ from the main body of infectious diseases in essential points. They are not, in any sense, self-limited, though amenable to treatment. They lead, in every case, to the development of local new formations, which represent alike the product of the disease and the source of further danger to the patient; and, so far from the original poison deciding the course and progress of the disease, we find, in every instance, that the history of the affection is altogether dependent upon the seat of primary election, and of subsequent secondary infection from this focus. In view of these facts, it will surely be conceded, that they occupy a place intermediate between infectious diseases proper, and between tumorous growths, or new formations; being formations, which Cohnheim calls *infectious hypertrophies*.

It has been stated in this sketch, that tuberculosis is always of extraneous origin. It is hardly necessary, to-day, to amplify this axiom. The original

labors of Koch, confirmed most fully at every point, have set the question permanently at rest. We no longer turn for refuge to Virchow's doctrine of auto-infection, in which it was held that, given a case of tuberculosis, there must, in every instance, have been some caseating or caseous mass in the body, from which the poison was generally disseminated. The experiment of Cohnheim, already quoted, refutes this theory, without further evidence. The pathognomonic anatomical feature of tuberculosis is, in all cases, the tubercle; and the development of the tubercle is the sign of the local deposit of the tubercle bacillus at the seat of growth. Whatever the channel of introduction of the bacillus or its spores, every tubercle is the expression of a deposit of some of the organized virus, and of its arrest at the point of development.

We can not uniformly discover bacilli in every tubercle, for the life of the tubercular tumor sometimes exceeds that of the micro-organism, which gave the impetus for its growth; but in its early history, no tubercle fails to reveal the presence of the tubercle bacillus. Caseous products can not give rise to tuberculosis unless the caseous mass itself be of tubercular origin, and contain bacilli or their spores; and as caseation is a mere physical change, dependent on conditions of defective blood supply, the relation of caseation to tuberculosis is not by any means as close as was at one time generally taught. It is true that the tubercular tumor, from its peculiar anatomy, presents a secondary caseation more commonly than other varieties of new formation, but every caseous mass is far from being tubercular.

What is there in the anatomical structure of the tubercle that is peculiar? Nothing, except the presence of the tubercle bacillus; and even that is found in the lupus nodule, in the leprous growth, and in the perlsucht of cattle. The absence of proper blood-vessels is also noted in these and in actinomycosis; the round-celled infiltration that shades off toward the periphery, forming, at last, a sort of concentric series of cells to bound the

tubercle, is found around many new formations as an indication of tissue irritation; and the giant cell, about which so much has been written, is not uniformly present; indeed, is wholly wanting in the earlier stages of its growth, and in some localities, as in tuberculosis of the choroid, rarely develops at any time.

The initial stage of the tubercular tumor shows nothing more than an irregular aggregation of round cells, closely resembling, if not identical with, the colorless blood corpuscles. (For this reason Klebs applied to the tubercle, and other formations of this class, the name of leucocytomata.) Associated with these are epithelioid elements of larger size, whose number is variable, and one or more giant cells, possessed of many nuclei, arranged in characteristic fashion around the border of the cell. The giant cell usually occupies the center of the mass; the epithelioid elements immediately surround it, and the round celled infiltration gradually shades off to the normal tissue of the periphery. This structure is found in the tubercle, the lupus nodule, in certain varieties of syphilitic growth, and also, but not so commonly, in actinomycosis.

Much discussion, futile and valueless, has been indulged in as to the origin of these various component parts of the tubercular tumor. Yet the statement of Cohnheim, written in 1882, applies with truth at this writing: "that none of the theories advanced for this important point have about them anything more than a certain element of plausibility, and it is not proven that the origin of the cells composing these nodules, is to be sought either in the endothelium of the lymphatics, or in the cells of the adventitious coat of the vessels, or in the fixed or wandering connective tissue corpuscles; whereas, it is most likely, in view of the close relation of all these affections to inflammatory changes, that the leucocytes of the infectious granulomata are, originally, obtained from migration of white blood-corpuscles."

The giant cells exist, for the most part, in tubercles of slow growth,

for which reason we find them abundantly represented in the tubercular tumors of cattle. The recent studies of Metschnikoff, to which Klebs seems inclined to give support, would assign to these giant cells the very important and benign office of disposing of the tubercle bacilli by a process of intracellular digestion, the cell representing a phagocyte in the strictest sense of the term. Without wishing to more than allude to this view, it cannot be denied that giant cells are not uncommonly found in tubercles, from which all bacilli have disappeared; showing, at all events, greater vitality on the part of the cell than of the bacillus.

The ultimate disposition of the infectious granulomata varies with the nature of the disease and the reaction of the tissue in which they are developed. Nearly all undergo retrograde changes; but while the tubercle becomes caseous, the nodule of perlsucht impregnates itself with calcareous salts, the farcy bud changes into a mucoid tissue, and the syphilitic nodule undergoes rapid necrosis. The caseous change in the tubercle is undoubtedly the result of a defective supply of nutrient material, by which the centre of the nodule is, as the growth increases, completely cut off from the nutritive plasma in the surrounding healthy tissue. This relation of necrotic change to blood-supply finds strong evidence in the fact that the leprous nodule, more vascular than the rest, is the last to undergo disintegration.

There has been difficulty in reconciling this accepted view of the general pathology of tuberculosis with certain clinical facts of daily observation. I have reference to the undoubted influence of heredity in the occurrence, I will not say in the causation of the disease. Cohnheim would deny this influence entirely, and he argues that there need be no recourse to the theory of a predisposition, of an increased vulnerability, an irritability of the tissues; claiming, that, if, for example, a pleurisy does not undergo resorption, but drags along with frequent relapses, followed in time by unmistakable signs

of pulmonary tuberculosis, the reason for this is, simply, that the pleurisy was of tubercular origin from the outset. The same rule will apply to bronchitis, pneumonia, and lymphatic enlargements; which become caseous, because they are originally induced by tubercular virus. Up to this point we can fully agree with Cohnheim, and we can admit that mere chronicity of an inflammatory process, and a sluggishness to react does not necessarily imply a peculiar vulnerability of the tissues, but may really depend on the nature of the cause inducing the morbid process.

We can not, however, follow him on the next point, when he speaks of the transmission of the disease from parent to offspring. We know to-day, since Friedländer has proven the occurrence of tubercles in the placenta, that a direct infection of the child, through the maternal circulation, is a possible and readily explained occurrence. The tubercular tumor, originally in relation only with the maternal circulation, may in its growth traverse the thin partitions that separate this from the foetal circulation; and, by discharging its bacilli into the blood current, when retrograde change begins in the tubercle, may thus lead to a disseminated tuberculosis in the child. "But," says Cohnheim, "the well-authenticated cases of congenital tuberculosis, in this sense, are to be counted as the greatest of rarities; and tuberculosis is so much a disease of extra-uterine life that, even in tuberculous families, the majority of the individuals affected succumb only after several years of life—many, indeed, after passing the age of puberty. The fact that tuberculosis, like syphilis, may be transmitted directly from parent to child, is certainly evidence of its infectious nature; but the instances of its late occurrence in several members of the same family prove nothing more, than that conditions exist in the family favorable to the development of tuberculosis. Of all these conditions, the existence in the family of an individual already affected with phthisis is most conducive to the spread of the disease, either by inhalation of dried and pulverized sputum, or, in the case of a

nursing child, by direct transmission through the mother's milk."

Cohnheim here speaks from the pathologist's standpoint; but clinical evidence is strongly against him, and an illustration, that all instances of hereditary phthisis are not to be attributed to association with one member already tuberculous, has so lately occurred to me, and is of such striking character, that I may be pardoned for its introduction here. The father of the family, a merchant in good position, of rather slender build, and for many years disposed to diarrhoeal disturbance during the summer, died about a year ago from cerebral hemorrhage. He had been subject to cough, and there is some history of pulmonary trouble on that side of the house. The mother is alive and well, as are her older brother and sister, all being now over sixty years of age. There were five children, who passed the period of puberty. The oldest, a son, is perfectly free from any taint or suspicion of pulmonary trouble; the next child, a daughter, slender and spare, has always been in delicate health; now married for ten years, she is without offspring; but she has remained free from any indication of chest trouble. The third child, also a daughter, married about eight years ago, and took up her residence in Cleveland. She had always been well, and was, apparently, the most healthy of the family. A child was born within two years, the mother remaining well. About twenty months ago she was obliged to go to Colorado for incipient phthisis. While there, she contracted an endocarditis with empyema, from which she has slowly recovered. Recently she again visited Cleveland, where her physician detected the signs of advancing tuberculosis, and hurried her departure for Colorado. The fourth member of the family, a young man of scholarly habits and excellent deportment, is attacked shortly before his final examination at an Eastern law school with pulmonary hemorrhages, having up to that time been in good health. He is at once sent to Colorado, where he remains for a year, returning, as he believes, fully cured, some five

years ago. He enters upon the practice of his profession in this city, and has unusual success; he is burdened, however, with the cares of an estate, outside of his own business, and four months ago is again attacked with cough. Physical examination shows dulness at the left apex, with fine crackling râles. He is strongly urged to seek a more congenial climate, but business considerations detain him. About a week ago he is suddenly seized with a pulmonary hemorrhage, which continues, with only slight loss of blood, for twenty-four hours, at the end of which time the patient passes into a fatal syncope. The fifth and last member of the family, also a young man, of rather spare habit, engages in business in Chicago. Like his father, he has in earlier years been inclined to attacks of diarrhoea, but has not suffered of late. Within the last two weeks he has noticed a decided loss of flesh, and his physicians in Chicago find, upon examination, the indications of incipient phthisis. He comes to this city, and on physical examination there is found slight dulness and a very faint, distant crackle over the left apex. The sputum contained more bacilli than I have ever before seen in a single field. Here were three cases of phthisis, all developing between the ages of twenty and thirty, in members of the same family living widely apart—one case in Cleveland, one in Boston, the third in Chicago. Instances of this sort can be readily multiplied from the case-book of almost every practicing physician, and they go to prove that there is something inherited by which, under appropriate conditions, the patient is rendered peculiarly susceptible to the influence of the tubercular virus. Perhaps the doctrine of Darwin, as propounded in the "Origin of Species" in the chapter entitled "Pangenesis," is not so far amiss, and might well explain how the patient is enabled to reach a certain age before the soil is prepared for the tubercular invasion. We all agree that heredity is not the exciting cause of tuberculosis; but the influence of heredity in determining its incidence can not be gainsaid.

Briefly would I refer to another

singular relation of tuberculosis, namely, its behavior in connection with malignant disease. It was Rokitsansky who first strongly called attention to their apparent antagonism, stating that in his immense number of autopsies, upwards of thirty thousand, he had never observed the co-existence of the two diseases in the same subject. So large an experience in the mortuary is unique, and might well justify the expression of a complete antagonism between them. Rare as the occurrence undoubtedly is, the two diseases may be found together, and authenticated cases have been reported. We can readily imagine one reason for the infrequent appearance of cancer in tubercular patients, seeing that, in the main, they affect man at different periods. Tuberculosis is especially the disease of puberty, claiming most of its victims from fifteen to thirty-five years of age; whereas cancer is in high degree an affection of middle life and of the declining period of existence. But this will not explain the immunity of cancerous subjects from tuberculosis, since the latter disease may attack the body at any time, and, from its wide distribution, should occasionally fasten upon a patient already suffering from carcinoma. This is a point which should receive not only clinical but pathological study, as it doubtless will, in the near future.

In conclusion, it may be stated, that all the points in the general pathology of this disease render a discovery, such as Prof. Koch is reported to have made, one that bears upon its face the stamp of possibility. I need only direct your attention to the brilliant success, that attended the labors of Pasteur in connection with the sheep plague of France, which annually cost the peasants many fortunes. An attenuated virus, prepared from pure cultures of the original germ and introduced into the bodies of the animals by hypodermic injection, was found in nearly every instance to protect the animal, when subsequently exposed to the virus in its most active form. May not a similar result be hoped for, in a disease equally infectious, though not so virulent, if similar

methods be followed in its treatment? Certainly there is in such a course the promise of the greatest blessing that medical science can offer to humanity.

THE ETIOLOGY AND MODERN TREATMENT OF TYPHOID FEVER.

A Paper read before the Marion County Medical Society,

BY

D. S. MADDOX, M.D.,

MARION, O.

There is, perhaps, no subject in medicine which possesses more practical interest for the general practitioner, or one which has provoked a more interminable discussion, than that of typhoid fever—a disease prevailing so extensively throughout the civilized world that it has not been inappropriately termed “our modern substitute for the plague.” As the etiology of disease usually has an important bearing on treatment (especially prophylactic treatment) I propose, before entering into a discussion of the therapeutics of typhoid fever, to refer briefly to the various theories which have been advanced to account for the appearance of this disease.

It was at one time generally believed, and it is yet believed by a few, that typhoid fever is the result of a miasmatic poison. At the present day, however, almost everybody believes it to be the result of a particular contagion generated in the stools of a person ill with the disease. The strongest and most conclusive proof of the contagiousness of typhoid fever, is the well-established fact that potable water contaminated by typhoid stools will produce the disease in those who drink it. Where epidemics of typhoid fever have been closely investigated, the source of infection has invariably been traced to the water supply. The literature of this disease records many interesting and remarkable instances of this kind, notably among which may be mentioned the epidemic at Rugby, the English colony in Tenn., and at

Plymouth, Pa., both of which have occurred within the last decade. To further elucidate the subject, experiments have been made on animals. Rabbits have been fed on the dejections of typhoid patients, and the fecal matter injected under the skin, with the result that the animals have died of a disease exhibiting symptoms similar to those of typhoid fever.

Opposed to the theory that the specific poison of typhoid fever is generated exclusively in the dejections of those ill with the disease, is the theory of spontaneous origin. So distinguished an authority as Murchison contends that fecal matter from a healthy person may, under certain conditions, generate a miasmatic principle which is capable of engendering typhoid fever. As regards this view of the matter, I shall merely say that comparatively few of our modern authorities have adopted it.

What is the nature of this peculiar poison? Klebs first demonstrated micro-organisms in the dejections of typhoid patients, as well as in certain organs—the liver, spleen and kidney. In the majority of cases examined he discovered a rod-like microbe to which he applied the name *bacillus typhosus*. The results of his investigations have been confirmed by many others, so that in this vegetable parasite we have found the real contagious principle of typhoid fever. It is claimed that this parasite can not be wafted through the air, like the bacillus of phthisis, but only enters the system through the medium of liquids. *Apropos* of this, attention has been directed to epidemics of typhoid fever occurring in England which have followed the use of milk brought from farms where there were typhoid fever patients.

Admitting the parasitic theory of typhoid fever, and having found that the parasites or germs are generated in the feces, it thus becomes our duty, as a preventive measure, to disinfect the stools of all of our patients attacked by this disease. The best agents for this purpose are sulphate of zinc and sulphate of iron in strong solution.

The question of alimentation is one

of vital importance. For reasons too well known to be repeated here, it would be highly improper and dangerous to permit our typhoid patients to partake of solid food of any description. We must rely solely on liquid foods, the best of which is probably milk. This must be administered at frequent intervals, in quantities proportionate to the digestive power of the patient. The various animal broths are also of service. Everything likely to irritate the bowels must be strictly prohibited. Especial care in diet must be exercised in the latter part of the disease, for it is then that the weakened intestinal wall is most liable to perforation.

These measures, viz., disinfection of the stools, judicious alimentation, cleanliness and proper ventilation of the sick-room, comprise the prophylactic and and hygienic management, and indeed, in some very mild cases, is, in conjunction with a pleasant *placebo*, about all the treatment that is really required.

When confronted by this malady, the question naturally arises in our minds, Can we, by any means, abridge its course? In a word, have we a specific for typhoid fever? Our modern pharmacopœia is voluminous, and gives us, as it were, a rich arsenal of therapeutic weapons; but we are forced, by long experience, to admit that it does not contain a single specific for this disease. It is true that calomel and iodine have been lauded as specifics by some German and American writers; and their statistics would seem to show that these agents exert a favorable influence over the course of the disease by abridging it materially. Medical statistics are, however, proverbially fallacious and contradictory, and the statistics of typhoid fever are no exception. We know that during every epidemic there occur many cases which are of short duration—the so-called abortive cases—which run their course in from ten to fourteen days. This brief duration, I think, we too frequently attribute to the effect of the remedies administered.

There being no treatment worthy of the name specific, it follows then that our treatment must be supporting and

symptomatic. We must, to use a trite expression, hold ourselves in a "state of armed expectancy"—ready to combat, by appropriate measures, such symptoms or complications as may arise to threaten the life of our patient.

There can scarcely be any doubt that a continued high temperature is dangerous to life, although there are some among the profession who still maintain that a high fever does not kill, and who, acting in accordance with their belief, discourage the use of antipyretics as dangerous. These ultra-conservative gentlemen appear blind to the fact that since the inauguration of the antipyretic treatment the mortality tables of this disease have worn an entirely different expression than formerly. It is a well-established fact in pathology, that a continued pyrexia induces granular degeneration of tissues, and particularly muscle. In this pathological change of the cardiac muscle we find the most plausible explanation of the sudden death in typhoid fever. Now if we can keep the temperature down, we prevent this softening of the cardiac muscle and lessen the danger of death by sudden heart failure.

A continued temperature of 103° (axillary) demands the intervention of antipyretics. In order to effect a reduction of temperature we have at our disposal a number of agents of approved merit. Cold water is one of the most efficient on the list. The excellent results obtained by Brand by means of cold baths, repeated every three hours while the temperature remains above 102° , are worthy of the most thoughtful consideration.

But we all know that hydro-therapy could not be carried out to this extent in private practice, even were it necessary. As good results can be and are obtained by less heroic treatment. Among drugs, quinine takes a deservedly high rank as an antipyretic. In order to be effective, large doses are necessary, from fifteen to thirty grains, according to the age of the patient. The objection has been urged against quinine that it is a dangerous heart depressant in typhoid fever, but experience has shown that the good it does far out-

weighs whatever ill effect it may occasionally have on the heart.

Digitalis is another valuable antipyretic. It does most good when administered in connection with quinine. A weak heart, however, contraindicates its use in typhoid fever.

The salicylates have been much praised in some quarters as efficient antipyretics. Their advocates claim for them that they are fully as potent in reducing temperature as quinine, and devoid of the depressing effect which it is claimed the latter exerts upon the heart.

Among the coal-tar derivatives we find antipyrine, which serves as a type of all its kind. Much has been said in favor of this drug, and as much has been said against its use in this disease. It may be said that it is yet on trial. When administered, it is well to give alcohol at the same time to prevent the collapse which it is said may suddenly occur even after a small dose of the drug. My experience with antipyrine in typhoid fever has been very limited, but as far as it goes has been favorable. By the judicious use of these antipyretic drugs we can, in the great majority of cases, keep the temperature within safe bounds, and may not often be compelled to resort to the cold bath or the pack. Sponging the body several times daily with tepid water, slightly acidulated, is a useful measure; it tends to keep the fever down, and is usually refreshing to the patient.

I am in the habit of administering throughout the course of the disease the dilute hydrochloric acid, in small doses, and believe that it benefits the patient in several ways. Bartholow, in writing of the mineral acids, in his text-book on "Materia Medica," says: "They increase secretion of the mucous membrane, and thus relieve the dryness of the tongue and fauces. As in fevers the gastric juice is deficient in acids, digestion is materially aided by their administration. In typhoid fever the acids restrain, somewhat, the exhausting diarrhoea, increase the digestive power and remove or diminish the dryness of the tongue."

Diarrhoea is one of the characteristic

symptoms of this disease, and frequently demands attention. A combination of bismuth and opium will usually be found sufficient to check it, but it should be remembered that two or three stools per day are not to be interfered with unless copious enough to be exhausting.

Constipation must be avoided, and, if necessary, suitable doses of castor oil or calomel must be administered to insure an evacuation each day.

Delirium is readily controlled by chloral, or the new hypnotic, sulfonal.

When excessive distension of the abdomen occurs, turpentine is a remedy of great utility. It should be given in emulsion in doses of from five to ten drops every two or three hours until the tympanites subsides. Dr. George Wood, of Philadelphia, who introduced this agent into the therapeutics of typhoid fever, believed that it has a specific action on the intestinal ulceration. It also cleans the tongue and undoubtedly stimulates the flagging heart.

During the third week is when the grave complications usually occur, as hemorrhage and perforation. To control the first, we may resort to ergot hypodermically, and ice applied to the abdomen. Perforation is almost always fatal, and when this accident happens our only reliance is on opium. The patient should be kept profoundly under its influence until the symptoms of the resulting peritonitis subside.

On the part of the lungs, complications are liable to occur which often prove fatal. Hypostatic congestion, oedema, and pneumonia, are most usually the result of a weak heart. These lung complications are to be met by counter-irritation to the chest, and the internal administration of stimulating expectorants.

As death in typhoid fever is usually due to heart failure, it follows then, that the behavior of this organ should be to us an object of the greatest solicitude, and some agent constantly administered which will tend to prevent failure and keep the heart up to its work. In alcohol we possess a medicine of singular value for this purpose

—one that is at once safe and efficient. Alcohol is not only a cardiac tonic, but likewise a food. Physiological experiments show conclusively that alcohol diminishes the excretion of uric and carbonic acids, and thus retards tissue waste. We see, therefore, that it meets an important indication in the treatment of fevers where the destructive metamorphosis of tissue is always excessive. It is well to administer alcoholic stimulants in all cases of typhoid fever except, perhaps, the very mild ones. In the beginning of a case, the light sour wines are sufficient, but later in the progress of the disease, when the pulse becomes rapid, feeble and irregular, we must resort to the stronger liquors, such as whisky and brandy. We should not give less than half an ounce of whisky at a dose, repeated every two or three hours until the desired effect is produced.

I have now briefly sketched the modern treatment of typhoid fever, which, we have seen, consists in the judicious administration of antipyretic remedies, and the support of the vital powers by stimulants and careful feeding. Contrast the results of this method with those of the old antiphlogistic treatment by calomel, antimony, blood-letting and other depressing measures, and we have reason to congratulate ourselves on the revolution that has taken place in the therapeutics of typhoid fever within the last few years.

BROMINE AS A DISINFECTANT.—

Bromine as a disinfectant is said to be coming to the front. It is an inexpensive by-product of the manufacture of salt, selling at seventy cents a pound, and in solutions containing one part in weight to about eight hundred of water, it may be used freely without affecting anything which it may touch. A few gallons used daily will remove all ammoniacal odors from stables, or a few quarts will thoroughly deodorize the entire plumbing system of an ordinary house. The undiluted bromine is strongly corrosive, and if it touches the skin causes a painful burn.

—*The Pacific Record.*

USE OF BROMO-LITHIA WATER IN BRIGHT'S DISEASE AND CALCULUS IN THE KIDNEY.

BY

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In the early part of the present year my attention was accidentally called to the virtues of the Ripley bromo-lithia water as a remedy for calculus of the kidneys or bladder, as well as other disordered conditions of the kidneys. Having at the time several cases of such diseases under treatment, I determined to try the efficacy of the water in two of my patients, one suffering from renal calculi and the other being afflicted with chronic Bright's disease following the acute variety. The results of the treatment have been so gratifying that the cases are reported as an honest acknowledgment of the virtues of the water.

CASE I.

October 10, 1889, W. H., male, aged thirty-six, letter carrier, had been taken sick, after having been exposed to a cold rain all day; sick about one week when seen. Presented all the symptoms of acute parenchymatous nephritis, including general œdema of the extremities, abdomen and face. Urine scanty, high colored; sp. gr., 1012; contained large quantity of albumen. Temperature 102°; pulse 120, weak; respiration 26 to 30 per minute. Could not lie down without great discomfort. Tubular casts seen under the microscope. Treatment given: hot baths, digitalis and diuretics, and quinine.

The above was kept up until March 2, 1890, varied according to indications and circumstances, and had the effect of relieving all the unpleasant symptoms, except that the albumen persisted in the urine in considerable quantity, varying from 2 to 10 per cent. A careful diet had been directed and followed.

On March 2, 1890, the patient was placed upon bromo-lithia water solely, and, carefully dressed in flannel, was permitted outdoor exercise to a limited extent on fair days. For about six weeks no marked improvement took

place in the urine; after that time, however, the quantity of albumen began slowly to decrease, and the tendency to œdema of the ankles after standing or walking was not so manifest.

The patient continued drinking from four to six glassfuls of the water each day until August, 1890. From May, 1890, until the present time there has never been the least indication of a return of the disease. For several months he has followed his trade of marble-cutter, and has been at times exposed to very inclement weather. He still drinks of the water and adheres to a strict diet. From all that I can determine, I believe the gentle yet thorough action of the water caused the final traces of his ailment to vanish, by restoring the diseased secreting surfaces to their normal condition.

CASE II.

The second case is one of calculus of the kidney, and is interesting because of the great amount of calculi passed. The bladder was several times explored for stone, but none found.

L. T., female, aged thirty-six; unmarried; office clerk; fleshy; gouty diathesis; family history good; was operated on for stone in the bladder when about fifteen years of age. For the past few years she has been much afflicted with pains situated in the region of the left kidney and along the course of the left ureter. The pain has been rarely absent, but is at times exaggerated by paroxysms of renal colic. At intervals blood and small calculi have been discharged with the urine. The sensation of a movable body along the affected region is appreciated by the patient, but its absolute presence cannot be demonstrated by manipulation, because of the thick abdominal walls. Under the use of diuretics calculated to promote a disintegration of a calculus, small quantities of calculi in the form of "sand" were passed from October 16, 1889, to February 16, 1890, aggregating a total of two ounces.

On March 1, 1890, the patient was placed upon an exclusive treatment of the Ripley bromo-lithia water, and has continuously used it up to the present time. Very little improvement was

noted until May 17, except that the pains had not been quite so severe.

On May 16 the urine was suppressed, and remained so until the morning of the 17th, when, amid great suffering, five ounces of sandy calculi were discharged at one sitting. Since then small quantities have been passed at various times, aggregating in all perhaps an ounce.

Hypodermic injections of morphia, one-fourth of a grain, have been necessary to relieve the attacks of colic. For the sensation of soreness along the course of the ureter, fl. ex. pichi in one-half drachm doses three times daily have been given with advantage. The external and softer layers of a large calculus have evidently been dissolved by the bromo-lithia water, and have been discharged. The older and harder portion yet remains. That the remaining portion will be dissolved and discharged is to be expected, because calculi are yet appearing in the urine.

It might be said that abdominal or lumbar section, as in a case reported by Dr. R. B. Hall, of Cincinnati (transactions of the American Association of Obstetricians and Gynecologists), should be attempted and immediate relief secured. At one time the question of section was considered by Dr. Jos. Ransohoff, who kindly saw the case with me, the decision being to wait for other means, as the patient is not an ideal one for so grave a proceeding. Short, stout, short-waisted, with very thick abdominal walls, the incision, either anterior or posterior, would have to be an immense one that room enough be obtained for the necessary manipulations. A calculus in the bladder is a simple affair to deal with compared with one located in the kidney or ureter, as it can be quite easily reached and crushed or removed by section without much danger.

If we can by medicinal means save our patients from the dangers of a surgical operation, we should surely endeavor to do so. Potash and lithia have perhaps enjoyed a greater reputation as solvents in the disease than all other remedies; lithia especially appears able

to lessen the cohesion of the particles of a calculus, and to hold the same in greater solution than any other drug. In the alkaline mineral waters we generally find potash, magnesia and soda variously combined, and when found in combination with lithia they form a remedy that may be productive of much benefit to both the hepatic and renal systems. In action they are depurative, resolvent and restorative, and might be regarded as having much the same effect as a systemic tonic. The use of these waters can at least be productive of no damage to the affected organs, a thing which cannot be said about some of the remedies often advised.

THE STERILIZING OF DRINKING WATER.

Various chemicals have been proposed for this purpose, of which ferric chloride, alum, tannin and potassium permanganate have been used, but it was found that these to be effective had to be used in quantity which imparted an unpleasant taste to the water. Recently Hettinga Tromp (*Centrlbl. f. Bakt u. Parasitenk.*) proposed hydrogen peroxide as the ideal substance to water as it imparted neither odor nor taste and was harmless and efficient; one part was added to 3,000—10,000 parts of water. Dr. Altchoefer confirms the efficiency of hydrogen peroxide but asserts that 1:1000 must be used; after 24 hours' standing the water microbes as well as pathogenic microbes (cholera, typhus) will be destroyed. In using hydrogen peroxide 10 cc. of a 10 per cent. solution is added to a liter of water.—*Am. Jour. Pharm.*

HAY FEVER IN AMERICA.—Professor Samuel Lockwood, President of the Hay Fever Association, states that there are about 200,000 sufferers from hay fever in the United States. Cousin Jonathan is universally recognized as being *homo emuncta naris*, and the fact just referred to would seem to show that there are physical, as well as intellectual reasons for his being so.

—*Brit. Med. Journal.*

Correspondence.

FOREIGN CORRESPONDENCE.

Prof. Koch and the Tubercle Bacillus.

BERLIN, November 17, 1890.

Editor Lancet-Clinic:

DEAR DOCTOR:—A few days ago I sent you one of the first copies of Prof. Koch's announcement. Since then I have seen many of the cases upon which the remedy has been used.

The interest which all have shown in the announcement of Prof. Koch's researches has only been equalled by the desire to know the nature of the lymph and by the demand for the remedy. All are hopeful, and many seem to be thoroughly convinced of the efficacy of the treatment.

In accordance with his announcement, Prof. von Bergman to-day presented a large number of cases in which Koch's remedy had been used. As his remarks were almost entirely confined to lupus, I will give in brief the main points of his remarks.

For a long time the etiology and pathology of lupus have been unknown. Friedländer was the first to discover its relation to tubercular products. Koch and others, on investigating, discovered not only the bacillus of tuberculosis present in the lupus nodule, but from it produced pure cultures. Many and various have been the methods of treatment. We have used the solid sticks of the nitrate of silver around the margins of the lupus patch, we have used various kinds of pastes, we have attempted to get rid of the lupus nodule with the spoon, the cautery, and we have even resorted to the inoculation of the patient with the germs of erysipelas. Much good has undoubtedly been done, but we have to-day many cases which have resisted all our efforts. Now we have, by the untiring efforts of Prof. Koch, been furnished with a material which shows its specific action upon the lupus nodule.

The material which he has furnished us comes in small bottles containing five

cubic centimetres. It is a concentrated solution of a dark brown color, and very clear. Of this, one c. c. is taken and diluted one hundred times with water, and of this last dilution one c. c. is injected, according to Prof. Koch's advice, into the subcutaneous tissue between the scapulae.

Our own experience has shown us that, after a period varying from two to six hours, the patient has an increase of temperature, and very frequently a chill. If the rise of temperature comes on within two hours after the injection, the patient always has a chill. Shortly after the rise of temperature begins, the lupus nodules become swollen and reddened. The redness extends to the tissues about the nodules, so that each nodule often appears two and three times the former size. Very frequently small red lines will be found radiating from these points, and the lymphatic glands often take part in the reaction. The patient now shows other signs, such as headache, nausea, vomiting, pain in the limbs and stupor. That which impressed me very much was that those cases which had been subjected to the injection presented a typhoid aspect, and Prof. von Bergman remarked that in all respects the symptoms resembled those of septicæmia. The temperature remains above the normal for two or three days, and varies from 38° C. to 42° C., while the pulse has been found to rise to 120, and even in one case to 180, per minute. The case in which the temperature was increased to 42° C. seemed for a time to be in a rather critical condition, having become weak and unconscious, and necessitated the use of camphor and alcoholic stimulants.

Locally, also, the reaction shows itself in various ways and to different degrees. In some cases the redness, swelling and exudation were limited; in others they were very marked, and, indeed, in some cases the whole face was swollen, œdematous and red, with a more or less well defined line of demarkation, so that it presented the appearance of erysipelas. In one case the exudation upon the surface was very marked and the tip of the nose had a greenish-

black color, and it was feared that gangrene of this part had set in. That necrosis of the superficial parts of the skin had taken place was evident, but after a short time this was cast off and a beautiful granulating surface remained.

Prof. von Bergman called especial attention to one case, that of a young man who had for a long time been affected with lupus. The disease began at the nose, and in the course of years affected both sides of the face, the lips, and was also invading the mucous membrane of the lips. The case had proved obstinate to all kinds of treatment. The treatment by Koch's method was begun on November 6, and now the patient has had six injections. The patient showed most reaction after the third injection, but now no longer has any elevation of temperature after the injections. To-day we have nothing but a bright red smooth surface, and, to use Prof. von Bergman's own words, "*not a single lupus nodule can be found over the whole area, and if it were not for the redness which still remains no one would be able to say that lupus had ever existed.*"

Special attention was also called to the fact that the lymph acted upon all tubercular products. All cicatrices which remained after previous lupus affections take part in the reaction, and the tissues about them become inflamed, and this then disappears after one or two days. Again, patients with tubercular disease of bones show that reaction is taking place by the fact that movement and pressure upon the joint, as, for example, the hip joint, are extremely painful, whereas previous to the injection the limb could be moved without any great degree of pain.

In Dr. Levy's clinic I saw many cases of lupus, and also a number of cases of tuberculosis of the lungs. One case more than all others showed its good results. The patient, a female, about sixty years of age, had a most extensive lupus of the face, which had, in spite of all previous treatment, continued to advance, and had destroyed the tip of the nose and the left ala nasi. In this case, after five injections, a

beautiful, smooth, white cicatrix had been produced, and the cicatrix covered an area of one inch around the whole circumference of the diseased portion. Here and there a few lupus nodules could be found in the cicatrix. No one appreciated the improvement more than the patient herself.

In one case of pulmonary tuberculosis, after about twenty injections, the expectoration was markedly diminished, the patient had gained about five pounds in weight, and the general condition was much improved, although the night-sweats still continued and the patient still complained of some pain in the chest. Previous experience with other remedies, however, show that we should not place too much value upon such symptoms. We must therefore await further developments in such cases.

The value of the remedy in the treatment of lupus seems more marked. The virus attacks the deepest as well as the smallest and most superficial nodules, which remain so frequently and puzzle the operator. In this way also it will prove of value in diagnosis.

Let us hope, however, that in the treatment of tubercular disease Prof. Koch has discovered a remedy which will be of as much service as mercury and iodide of potash in the treatment of syphilis. I am sincerely yours,

JOHN E. GREIWE, M.D.

[SECOND LETTER].

BERLIN, Nov. 18, 1890.

Editor Lancet-Clinic:

DEAR DOCTOR:—This morning early I mailed a letter to you in which I gave Prof. von Bergman's results with Koch's remedy. The Professor merely gave facts and avoided giving his opinion.

This morning I have heard Prof. Gerhardt's results and opinion of the remedy. He produced a case of tuberculosis of the pharynx and larynx, with involvement of both apices. These cases have always been more obstinate to treatment than tuberculosis of the lungs. Small yellowish white points could be seen upon the soft palate and pharynx before the injection. After the injection these points began to swell and become more painful. The

lymphatic glands of the neck also took part in the swelling, and now after the fever has passed away, small ulcerations are found over the soft palate, pharynx and epiglottis in place of the small yellowish points before noticed.

The injection should be given in very small doses in cases like this for fear of producing too much swelling of the mucous membrane of the larynx. After the patient shows less reaction the dose may be gradually increased; and then in the course of the treatment no fever sets in, the expectoration becomes diminished, the bacilli decrease in number and finally disappear. The expectoration changes its character and finally becomes entirely mucous in appearance.

A second case, phthisis of the right apex, the disease having commenced with a hemorrhage, and the patient's general condition having remained good, was pronounced to be decidedly improving after the injections.

A third case, in which the diagnosis of phthisis was still doubtful, had been subjected to the treatment. This patient did not react after the injection, no bacilli were found in the sputum, and in the presence of a large number of visiting physicians Prof. Gerhardt assured the patient that he did not have tuberculosis.

Prof. Gerhardt is outspoken in his opinion of the remedy. According to him it is an absolute cure for phthisis when not too far advanced. Use it he says, in cases where the disease has not advanced too far, use it with care, use it in small doses where large cavities exist, where disease of the larynx is present, and then we will have good results. The bacilli die because their food, their culture material, is destroyed by the action of the lymph.

Very sincerely yours,

JOHN E. GREIWE, M.D.

[The following are the comments of the Berlin correspondent of the *British Medical Journal*]:

Professor Koch's experiments form the chief subject of conversation and conjecture in Berlin medical circles. Absolute secrecy is still maintained as

to the remedy itself, but several facts are known that help to give an idea of its nature. The remedy is no drug that can be bought at the chemist's; it is obtained by a process similar to that by which vaccination lymph is got. By means of this substance the development of the tubercle bacilli in the animal is arrested, while a peculiar mode of treatment renders the body safe against fresh invasions of the bacillus. The first experiments on animals were carried on by Professor Koch in his own laboratory. His assistants knew nothing of the nature of these experiments, but they observed that the animals under the Professor's treatment remained alive and well, while other animals—likewise under his observation, but not treated—sickened and died. The Professor's son-in-law, Stabsarzt Pfühl, then began hospital experiments at the Charité under Koch's own supervision. When it became known that these experiments were to be transferred to another hospital, people shook their heads and thought the sign anything but hopeful. The fact is, however, that the removal took place because Koch required more absolute seclusion for his experiments than he could find at the Charité. At last week's meeting of the Gesellschaft für innere Medicin, Professor Leyden read a paper on hospital arrangements, in the course of which he mentioned Koch's experiments as having been crowned with the fullest success. It is hoped that before many weeks go by the publication so eagerly looked forward to will be made. Dr. von Esmarch, Koch's assistant, will for this half year give the course of lectures on hygiene, thus leaving Koch free to give his whole time to his experiments.

[We also append the views of the Berlin correspondent of the *Medical Press and Circular*]:

It has long been a matter of observation that Koch does not publish the results of his investigations until a series is completed, and a definite end has been reached. His discovery of the bacillus tuberculosis came upon the world as a surprise, and even when the discovery was first made known before

the Physiological Society at its session of March 24th, 1882, its truth was established on a basis that has successfully resisted all attacks. The same may be said of his discovery of the cholera bacillus. At the meeting of the International Congress, however, he went out of the beaten track, and ventured to prophesy that he had at last discovered a means of rendering the bacillus of tubercle innocuous even after admission and settlement in the human system. As to the means itself he has been very reticent, for the reason that his experiments were not concluded, nor begun as far as the human subject was concerned. On his return from his holidays he had once began them in a department of the Charité Hospital in conjunction with Stabsarzt Dr. Pfühl. It was intended that the experiments should be conducted with the strictest secrecy, but notwithstanding all the precautions taken the fact that such were being carried on leaked out, and the Professor was speedily inundated with letters and suggestions from all parts of Europe. The consequence of all these was that the experiments were put a stop to. It is hoped that the cessation is only temporary however, but it is pretty certain that we shall hear no more about them until a definite result has been attained.

FORMULÆ.

VEGETATIONS OF THE GENITAL ORGANS.—The following is given by the French correspondent of the *Med. Press and Circular*:

Acidi salicylic, 3j.
Acidi acetic, 3j.

Touch the excrescences with this liquid morning and evening with a fine brush. In two or three days they disappear.

FOR FETID BREATH.—The *St. Louis Med. and Surg. Journal* says the following is recommended by a French writer:

R Natri bicarbonat }
Saccharin } aa 3 i.
Acid. salicylic }
Alcoholis, 3 vi. M.

Sig.—A teaspoonful in a glass of water to rinse the mouth.

Selections.

THE INFLUENCE OF CLIMATIC, LOCAL, AND SOCIAL CONDITIONS ON THE OCCURRENCE AND COURSE OF PULMONARY TUBERCULOSIS.

In an address delivered at the recent International Congress at Berlin in the section for Medical Geography and Climatology, Dr. Weber (*Münchener med. Wochens.*, October 7, 1890) gives a most interesting and instructive account of the state of our present knowledge on the subject, and we must refer our readers to the original for many most important details. Attention is first directed to the very irregular distribution of phthisis which exists throughout the world, and also to the great difference in the mortality from this disease in different parts of the same country. In the north-west islands of Europe, in Iceland, the Faroe and Shetland Islands, and in the Hebrides, consumption is very rare, and it is uncommon in the north of Norway, amounting to less than 10 per cent. of the total mortality, but in the south it rises to 15 to 22 per cent. The mortality from consumption in Switzerland is very low, being for the whole country under two per mille, but it varies with the locality and social circumstances between 3.57 in Basle to 1.20 per mille in Wallis.

In England the mortality from phthisis is somewhat less than in Germany. In the larger towns, as London, it only slightly exceeds three per mille, whilst in Berlin it amounts to 3.8 per mille, and in many of the industrial towns it is between 5.8 and 8.8 per mille.

The distribution of consumption throughout the United States is a very interesting one. It has been found that there were 126.8 cases of death from phthisis in every 1,000 deaths. In fifty of the large towns, of every 1,000 deaths among the male population 131.9 were from phthisis, whilst of every 1,000 deaths among females 144.3 were from that disease. In the country districts the numbers were 101.9 and 146.6

respectively. The greater mortality among females is attributed to females being more confined to the house, and more exposed to the impure air resulting from respiration. The mortality is shown to vary greatly in the two sexes, according to the ages. Up to five years of age there is a mortality of 61.0 among the boys, as compared with 44.46 among the girls. Then the female sex shows the preponderance of deaths, as compared with the males, up to the age of thirty-five, whilst the mortality is greater among the aged males than among the aged females. From fifteen to twenty years of age there occurred only 59.74 per 1,000 among the males, as compared with 107.03 among the females, and between ten and fifteen years 14.46 among the males to 26.18 among the females. The greatest mortality, from consumption, is shown by New England, the middle parts of the Atlantic coast, the Valley of the Ohio, and the western part of Kentucky; the least number of cases are seen in Western Georgia, middle parts of Alabama, in Arkansas, Kansas, in the district about Lakes Superior and Michigan (Chicago), and in the western territories. The difference between the individual States is very great; thus, in New Mexico, Wyoming, and Utah it is only 2 to 3 in 100 cases of death, whilst in Vermont, Maine, Delaware, Connecticut, and the district of Columbia it is from 16 to 20. Considering the States in reference to their population and to the mortality from phthisis, we find that the least densely populated cities show the lowest death-rate, and the death-rates are for the most part associated with the States containing the largest population; but in reference to this latter point there is no uniform proportion, as, for instance, Vermont has the same mortality from phthisis as Maryland, although the former has a population of thirty-four, and the latter of seventy-seven to the square mile. No constant relation is to be found between the population of a city and the mortality from phthisis; thus, in Allegheny, in Pennsylvania, with a population of 78,682, the phthisis death-rate for every 1,000 living is only 11.18,

whilst in Richmond, in Virginia, with the smaller population of 63,600, the phthisis mortality reaches the large figure of 41.60 per 1,000 living. If we compare the mortality in the various States with the elevation of such States above the sea level, we find no constant relation; that there is something besides the height above the sea level which affects the mortality. This something is frequently found to be the existence of towns of large population, and with industries which lessen the good effects of the elevated position, and make the mortality from phthisis higher than what it otherwise would be.

Dr. Weber agrees with Hirsch that, if we consider the distribution of phthisis over the world, we must come to the conclusion that the climatic conditions alone, apart from other conditions, especially the social ones, will not afford a sufficient explanation of that distribution. It is necessary to consider the temperature, condition of the soil (dryness or dampness), the elevation above the sea level, race, effect of colonization, social circumstances, and the industrial pursuits.

In reference to the question of temperature, Weber mentions the well-known fact that phthisis is met with in the sub-arctic, temperate, and torrid zones, and that in both hot and cold regions places exist possessing various degrees of immunity from the disease, and that there are also places where it is extremely prevalent. He then directs attention to the fact that in the tropics and sub-tropical regions, phthisis, as a rule, progresses much more acutely than in the more temperate parts of the world. Weber mentions fifteen cases of phthisis which occurred in tropical regions (Vera Cruz, Mauritius, Ceylon, New Guinea, etc.), where the average duration of the cases was only just over four months, and, excluding one case which was much more chronic than the rest, it was not quite three and a half months. Of fifty-two cases observed in temperate regions, the duration of the disease was between nine and 156 months, the average duration being not quite 60 months. A very interesting and instructive instance is

given as showing the effects of the difference of the temperature upon the course of the disease. Of four cases from the same phthisical family, two cases terminated fatally in the tropics in four months; the two others, living in the temperate zone, succumbed after the disease had existed nearly four years. Weber suggests that it is probable that the increased warmth together with the increased moisture favors the development of the bacilli, and also that the bacilli and the products to which they give rise have a more poisonous action under those conditions.

—*Medical Chronicle.*

PRINCIPLES OF TREATING LARYNGEAL TUBERCULOSIS.

Dr. G. Hunter Mackenzie (*Journal of Laryngology and Rhinology*) says:

In considering the problem of the treatment of tubercular diseases of the larynx, we have, in the first place, to endeavor to ascertain whether by any known means we can influence the organism upon which the disease depends; and next, and in the event of our failure to do so, can we do anything to mitigate the sufferings of its victims? Those who, like myself, have made sputa examinations a part of their routine work, cannot but have been struck with the enormous numbers and large size of tubercle bacilli in the expectoration of laryngeal tuberculosis as compared with the purely pulmonary variety of the disease. Laryngeal tuberculosis, in fact, represents an intense—probably the most intense—form of the affection, and this apart from the drawbacks and difficulties attendant on its locality. Its subjects do not, as a rule, afford us facilities for prolonged observation of their cases, and in endeavoring to observe the influence of certain agencies on the bacillus it is unfortunately necessary to have recourse to examples of pulmonary tubercular disease. I happened for years to have availed myself of many opportunities for making such observations, and have published some results in the *Edinburgh Medical Journal* (February, 1890). I have there shown that neither pro-

longed residence in the most favorable climes, nor the general administration or topical application of drugs—in which I include the various forms of inhalations—have any apparent influence upon the persistence and development of these organisms. A slight diminution in numbers seems to supervene on a lengthened residence—say for three years—in high altitudes; but their total disappearance from the sputum never ensued, even in cases in which, to judge from the general condition and sensations of the patient, recovery had taken place. If our therapeutics cannot succeed with the mild (pulmonary), it is not surprising that they do not succeed with the severe (laryngeal).

I think we may conclude that, so far as our present knowledge extends, there exists no certain method or system of treatment for eradicating these organisms in man, more especially when they manifest themselves in the form of laryngeal tuberculosis. Is active treatment, then, of any service in laryngeal tuberculosis; and under what circumstances, and in what form, is it justifiable?

To answer these questions it is necessary to consider not only the condition of the larynx, but—and this is often overlooked—the state of the lungs. Taking the latter first, I have no hesitation in recording my conviction that an individual with laryngeal tuberculosis and extensive pulmonary participation ought not to be subjected to the violent or heroic local treatment. To scrape and inject—aye, even cut and cauterize—such a larynx is inflicting downright torture, by inducing pain (cocaine notwithstanding) and causing exhaustion which but aggravates the original conditions. Such patients ought to receive nothing but sedative treatment, in the form of sprays, powders, or mild and gently-applied pigments, or in the form of external soothing applications to the throat and ear. The local treatment which, in my opinion, ought to be followed, is certainly a mere treatment of symptoms, but in the present state of our knowledge it is the only one for which we have any justification.

In those cases, and they are occasionally met with, in which the lungs are not appreciably or are only slightly affected, where the fever and consequently cachexia are of small amount, and where the laryngeal affection is of slower development, and the laryngoscopic characters and appearances more closely approximate to simple chronic laryngitis, a more active interference is indicated. The patient is more able to stand local treatment. Papillomatous or warty growths may be removed by the forceps or snare, ulcers may be cleaned by detergent sprays, and stimulated to a more healthy action by suitable applications. I have had no reason to believe that lactic acid, menthol, iodoform, or any such drugs have a specific action upon tuberculous lesions of the larynx, more especially when applied in the intermittent way, which alone is practicable in the care of that region. From prolonged experimentation and observation I know, as already stated, that their action upon the germs is absolutely *nil*, and I believe they have no greater claims, even as palliatives, to place in the armamentarium of the laryngeal surgeon, than are possessed by chloride of zinc, carbolic acid, hydronaphthol, and many others.

An important point for discussion is the propriety of performing tracheotomy in laryngeal tuberculosis. I believe that, in the acute variety of the disease to which I have already referred, with extensive pulmonary participation in the tuberculous process, and rapid infiltration of the epiglottis and endo-laryngeal tissues, its performance is unjustifiable, unless for the removal of obstruction to the respiration, and this, fortunately, is seldom present to the required extent. In the slower and more chronic variety, however, with slight pulmonary affection, the operation may be performed with the view not only of relieving the breathing, but of permitting the free ventilation of the lungs, and the relief of the larynx from the irritation of coughing. I have lately recorded the sequel to such a case (*Edinburgh Medical Journal*, July, 1890), in which tracheotomy was performed in 1887. The result here has been most satisfac-

tory, although the patient, when last seen, was not able to dispense with the tube.

I need hardly add that, despite our failures to promote a cure in the majority of the cases of laryngeal tuberculosis, the sufferings of the patient may be markedly mitigated by paying attention to the hygiene of his surroundings, by relieving the odynephobia, by subduing cough, and by placing him under such conditions as conduce to rest and freedom from irritation of all kinds.

The only non-tubercular affection of the larynx in tuberculosis to which I mean to refer, is the simple catarrh sometimes met with in pulmonary tubercular subjects. I take it that this is simple, from its frequent disappearance and reappearance in those who suffer from it. Regarding its treatment, I would merely say that tuberculous patients with this complication ought not to be sent to high altitudes. I have several times witnessed aggravation of this catarrh result from neglect of this precaution. Its local treatment will, of course, be conducted on the usual lines, which I need not now particularize.

An example of the occurrence of mixed laryngeal disease is seen in the co-existence of syphilis and tuberculosis. I believe this occurs more frequently than is supposed. It would be diagnosed by the concurrence of tubercle bacillary sputum with the signs of syphilis of the larynx and of the mouth and vicinity. The treatment of such a case will, of course, largely depend upon the views entertained by the surgeon regarding the therapeutics of syphilis.

CHARLES L. DANA says the headaches of children can be best controlled by small doses of iodide of iron or the citrate of iron and quinine.—*Archives of Obstetrics*.


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Cincinnati, December 6, 1890.

The Week.

TUBERCULOSIS.

Our readers are peculiarly fortunate this week in having placed before them a reliable report of recent observations of patients under Prof. Koch's method of treatment in Berlin, and also a paper on the all-important subject of tuberculosis by Dr. Eichberg, read last Tuesday evening before the Cincinnati Medical Society.

The attention that is given to every item pertaining to this theme is all-absorbing, both in the medical profession and among the laity, it being felt that we are passing through an evolution in medicine that will mark this particular time as an era. From this date the practice of medicine will approach very nearly to an exact science. Listerism in surgery, that has done so much in making heretofore murderous operations comparatively safe to the life of the patient, was simply applying anti-bacterial treatment. Knowing the cause of a disease and its natural history, with a specific remedy in hand, triumph awaits the professional practi-

tioner. Henceforth prescribing for all infectious and zymotic diseases will be of a specific character, and directed to a specific purpose. The ability to control the syphilitic poison, without a knowledge of the way in which the remedy acted, has been regarded as among the glories of our art, but now it is revealed, and, although the revelation comes to us through the eye-piece of a microscope, it is just as definite as the steeple on a church in the glare of a noonday sun. So of the bacillus of tuberculosis, that can only be seen under certain conditions under the microscope. Those conditions are as true and definite as the problem that two and two make four, and that with a receptive condition of the body in any of its parts the bacilli will be propagated with a rapidity of action that produces destructive disease that has resulted in death to millions of our race.

Heredity, that was for ages supposed to be so potent a factor in tuberculous disease, is legated to the past, as we now know that the predisposition manifested in certain families meant a low resisting power to the invasion of bacterial organisms. The most that was known of tuberculosis was an ability to diagnose the progress of the disease by means of auscultation and percussion, and its secondary effect on the trophic nervous system that made itself felt in the hectic fever, cough and night-sweats. The natural treatment was directed to the support and nutrition of the body; if this could be carried over and beyond the wasting produced by the ravages of the unknown bacilli, the patient would recover, as very many did, which was shown in the autopsy-room, where cicatrices were found where tuberculous ulcers had formerly existed.

The now definite use for a specific

purpose of a lymph culture that has the property of destroying, or even modifying, the vitality of the bacilli of tuberculosis, is the greatest boon that has ever been discovered by man through scientific resources. This discovery will be followed by that of the cause and remedy for all other infectious and zymotic diseases. We even hope and believe that this may also be said of the malignant diseases.

The discussion of this vital theme will be continued in the Cincinnati Medical Society.

WHAT IS THE NEWS?

This is the daily street greeting of merchants, manufacturers, and of men in all the walks of life. "What is the news?" is earnestly and honestly asked, and not a mere formal "how do you do." The query is the outgrowth of a desire for current information, hence it is that the American family that does not take and read a newspaper is either a representative of gross ignorance or in very dire poverty, while the men of the professions and those who are engaged in special pursuits are all obliged to take, in addition to one or more secular newspapers, journals and periodical publications that tell them of the news in their own calling.

The time was, and it is not very far back, when the great majority of physicians did not feel the need of a medical journal, nor did they buy a medical book after receiving a diploma. Rapid transit, quick mails, the telegraph and telephone have been educators that would not be ignored, and their greatest mission has been to create a demand for the news; until to-day the entire earth is girdled and girdled with wires, the special mission of which is to carry the news.

The news of Koch's and Edison's discoveries are transmitted with the quickness of a lightning flash to every newspaper in the whole world.

The time is very short since it was stock in trade in every secular newspaper office to joke and jibe at the doctors and their calling. The tables are turned; the newspapers, every one of them, now want the doctors to tell them the news of the latest discovery in anything that pertains to the science of medicine. There is a thirst for knowledge in professional lines that is unequalled in any era in the world's history.

Not very long ago a quarterly medical journal carried the latest news to hundreds of doctors, and even when it came the articles were intolerably heavy and long drawn out. The monthly then came in; this was better than the quarterly, but education in a craving to know the news, as men met in society meetings, created a demand for weekly publications, and the time is not far in the future when a daily medical journal will not be the wonder of a day, but will be the bearer of an answer to the inquiry as to "what's the news?" For the present the weekly is longingly looked for from one issue to the next. It carries the news, and the doctor that don't know the news is, with all due respect, foggy, behind the times, and don't know enough to know and understand a thing when told without an elaborate explanation that makes one tired and weary to think of.

There is, and ought to be, but one reply to all queries as to "what's the news" by men who don't know that the world goes round and round, and that is to very quickly tell them to take a live, progressive weekly medical journal, and always the one that publishes medical society news first, and

tells its readers just what is going on in the world, and particularly the part of the world that is in their geographical locality. The secular press is daily honoring itself by tributes of praise and commendation of scientific medical work in a way that is highly creditable.

The news of Koch's discovery has been sown all over the world in a broadcast manner that is without parallel, and we predict that this telling of scientific news in this general way will result in a breaking down of the walls of partition that exist between the different schools of medicine. Of late years these walls have shown a good deal of weakness, and in some places they are very low and easily crossed. The shining rays of the sun of science will cause them to moulder and melt until they cease to exist and actually sink clear out of sight.

Science and scientific study broadens the mind; it is an educator of the highest power. It knows nothing of sects or schools, and is of all things the most cosmopolitan in character and attributes. It is irresistible and unanswerable. It sends freight and passengers from one point to another at the rate of a mile a minute; it carries messages with the celerity of thought; it quenches the flow of blood and relieves pain and misery by the instantaneous process. It is now—touch the doctor's button and he will do the rest.

A MEDICAL SOCIETY HOME.

Our article in last week's issue has already done good in causing a favorable discussion of this very important subject, and we are particularly gratified with expressions of commendation from those who, a few years ago, antagonized every such proposition. They with others realize the many benefits that will accrue from such

action as may be taken that will further any such a purpose.

The idea of a society home, with its hall and kitchen, its library, reading and sitting rooms, is afloat, and in accordance with the history of the past, whatever the medical profession of Cincinnati sets out to do, as one body, is certain to be realized, and in a manner highly creditable to our city and to our guild.

DR. JOHN. L. NEILSON, Surgeon U. S. N., has been in the city for a few days, enjoying the greetings of old friends.

Surgeon Neilson was born in this city, was educated here, served as a medical cadet in the army during the war, then graduated at the Ohio Medical College, practiced medicine here for two or three years, serving during that time as Secretary of the Academy of Medicine. He then entered the U. S. Navy as an assistant surgeon, passing through the regular grades of promotion, and has for some years ranked as full surgeon. As a jolly tar, Neilson is a success. As surgeon on board a war ship, he is an ornament to our profession.

THE MATTISON PRIZE.—With the object of advancing scientific study and settling a now mooted question, Dr. J. B. Mattison, of Brooklyn, offers a prize of \$400 for the best paper on "Opium Addiction as Related to Renal Disease," based upon these queries:

Will the habitual use of opium, in any form, produce organic disease?

If so, what lesion is most likely?

What is the rationale?

The contest is to be open for two years from December 1, 1890, to either sex, and any school or language.

The prize paper is to belong to the American Association for the Cure of

Inebriety, and be published in a New York medical journal, *Brooklyn Medical Journal*, and *Journal of Inebriety*.

Other papers presented are to be published in some leading medical journal, as their authors may select.

All papers are to be in possession of the Chairman of Award Committee, on or before January 1, 1893.

The Committee of Award will consist of Dr. Alfred L. Loomis, President N. Y. Academy of Medicine, Chairman; Drs. H. F. Formad, Phila.; Ezra H. Wilson, Brooklyn; Geo. F. Shrady, and Jos. H. Raymond, editor *Brooklyn Med. Journal*.

THE Weekly Mortality Report of Cincinnati and the Health Bulletin of the Ohio State Board of Health for this week will appear in our next issue with next week's report.

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

At the next meeting, December 8, at 8:15 p.m., a paper will be read by DR. FITZPATRICK on "Exudative Sore Throat"; also, DR. ERIC E. SATTler will make a demonstration of electric light apparatus for illuminating the nasal passages, the larynx, the ear, the frontal sinus and the antrum of Highmore. DR. CLEVELAND will make remarks on "Diphtheria and Pharyngitis."

December 15, papers will be read by DRs. REAMY and BEEBE.

December 22, paper by DR. RACHFORD.

CINCINNATI MEDICAL SOCIETY.—

Next Tuesday evening, December 9, discussion on "The General Pathology of Tuberculosis."

In treating obstruction of the nose, quinine and belladonna or cocaine will relieve the congestion; the patient also should snuff up the nose a mixture of camphor and boric acid, a cold bath to be taken each morning to prevent taking cold.—*Coll. and Clin. Record*.

Obituary.

W. H. McREYNOLDS, M.D.

Dr. William H. McReynolds, of this city, died at his home on Clinton street on the evening of November 29, after a long and severe illness that was borne with Christian fortitude and hope beyond the grave. He suffered from an attack of la grippe last winter, from which he never entirely recovered, but was not confined to the sick chamber until a few weeks ago, when serious symptoms appeared. He passed away without suffering. His end was peace.

Dr. McReynolds occupied a prominent position in the profession of medicine, to which he was strongly attached through a love for science that early developed in his life as a student. He was a native of Kentucky, but was reared in Hillsboro, O., whence he came to this city over forty years ago and taught school. Possessed of a clear and vigorous intellect, with a thirst for learning, he chose medicine as the field for his future usefulness to mankind, and the reputation he acquired and the character he bore are the best evidence of the wisdom and the fitness of his choice. He graduated from the Ohio Medical College, and was one of its numerous alumni who assisted at the celebration of its semi-centennial in this city. When the rebellion broke out Dr. McReynolds was one of the first to volunteer his services, and his devotion to the cause of the Union ceased only with the war. He served as Surgeon in the Second Ohio Cavalry.

Soon after the close of the war he was elected as Superintendent of Longview Asylum for the Insane, but retained the position less than a year, and resigned, preferring to bring up his family in more congenial surroundings than such a place could afford. In all the intermediate years he was actively engaged in the practice of medicine up to the time of his fatal illness, and was identified with the Cincinnati Medical Society as a member and its Secretary and with

all its good works for the advancement of medical science.

He was charitable in the largest sense, because he never turned a deaf ear to the call of the suffering poor, as thousands in this city will readily attest. He was a devoted friend, a man beloved by every one who knew him, and his loss will be sincerely mourned by hosts of friends who knew him as a teacher, as a physician, as a friend and neighbor. Dr. McReynolds leaves a bereaved wife and three young daughters, to whom he was tenderly attached, and by whom he was greatly beloved.

MEDICAL MISCELLANY.

THE NEW THEORY OF HEREDITY.

Scientific circles throughout the world have been somewhat agitated of late by a new theory of heredity broached by the celebrated German biologist, Professor Weismann, of Freiburg. This theory is so subversive of current opinion on matters with which it deals, and assails so many beliefs that were previously deemed impregnable, that a brief review of the leading indications of the theory may not be inopportune.

Professor Weismann's theory seeks to explain what no doctrine of heredity has hitherto adequately accounted for—how a single microscopic cell, imbedded in the ovum of the mother, can reproduce parental characteristics even to minute details, and frequently characteristics of grandparents or more remote ancestors. Darwin's doctrine of pangenesis attempted a solution of this problem by assuming that the cells of the body threw off germules which were ultimately concentrated in the reproductive cells—the germ cells thus becoming essentially co-substantial with the other cellular elements of the body. The doctrine of pangenesis never, however, held a very sure footing, and its overthrow only seemed to be awaiting the birth of the next biological theorizer.

Two leading principles underlie the basis of Weismann's theory, both of

which will strike some as being more in the nature of assumptions than as well-ascertained data for a far-reaching biological induction. The first of these is, that death is not a primary attribute of living matter, and the second is, that characters *acquired* by the parent are not transmitted to the offspring.

The protozoa, the unicellular organisms, are, however, alone endowed with this immortality. Composed of undifferentiated protoplasm, apparently structureless, and with no likeness in parts save for the nucleus, these organisms yet essentially perform all organic functions. They may be dried up by frost or drought, but under appropriate conditions they resume their active life. The protozoon may, of course, be destroyed by fire or accidental agencies, or it may be eaten. It enjoys a potential, although, of course, not an absolute immortality; under the normal conditions of its environment death does not overtake it. Unfortunately for the higher inferences the theory would otherwise encourage, the endowment of immortality does not pertain to the metazoa, the many-celled organisms; for, as soon as an organism is sufficiently ambitious to become many-celled it has practically sealed its fate, it has "put on mortality," a conclusion which will doubtless be exceedingly gratifying to the metaphysical pessimists. The metazoa arise from the protozoa by "unequal fission," through the failure of certain unicellular organisms to "divide completely." "The first multicellular organism," says the Professor, "was probably a cluster of similar cells, but these units soon lost their original homogeneity. As the result of mere relative position there arose division of labor; some of the cells were especially fitted to provide for the nutrition of the colony, while others undertook the work of reproduction." The outer cells of the cluster in constant contact with the nutritive medium would be differentiated for nutrition, while the inner cells would undertake the work of reproduction. In these latter cells the reproductive function would be so specialized that they would become the germ-cells, in the nucleus,

of which resides the germ-plasm. The possession of this would constitute these cells the immortal part of the metazoa. Thus the fundamental key to an interpretation of the facts of heredity lies, according to Weismann, in the "continuity of the germ-plasm." This germ-plasm is so stable that "it absorbs nourishment and grows enormously without the least change in its complex molecular structure," and heredity is secured by the transference from one generation to another of this exceedingly stable substance with a definite molecular and chemical constitution.

All this being so, acquired variations have no direct reaction on the unalterable germ-plasm, and are, therefore, not transmitted. The organism that has acquired one-eyedness, or one-leggedness, or circumcisedness, does not transmit these characteristics, because both parent and offspring arise out of the same substance, and the offspring must of necessity resemble the parents, minus the parents' individually acquired characteristics.

But it will be asked, how then do variations in organisms occur? Solely through natural selection, for each new organism combines the hereditary tendencies derived from the male and female germ-plasms. This results in individual differences, which multiply in geometrical ratio, so that "in the tenth generation a single germ contains one thousand and twenty-four different germ-plasms with their inherent hereditary tendencies, and as continued sexual reproduction can never lead to the reappearance of exactly the same combinations new ones must always arise."

Professor Weismann does not entirely deny the influence of external forces upon the germ-cells. In his essay on "The Continuity of the Germ-Plasm," we read: "I am compelled to admit that organisms may exert a modifying influence on their germ-cells." What he does deny is, that functionally-acquired variations or "somatogenic" variations are not transmissible, only the "blastogenic" variations—the variations occurring in the germ-cells. In this way we understand why club-

foot is hereditary, while one-eyedness is not.

Possibly the weakness of Weismann's theory lies in the unsatisfactory way in which it accounts for psychical evolution. How serious are the issues involved in the new theory is exemplified in the following quotation from Herbert Spencer's "Factors of Organic Evolution," which fairly represents the hitherto accepted theory of psychical evolution:

"If functionally-produced modifications are inheritable, then the mental associations habitually produced in individuals by experiences of the relations between actions and consequences, pleasurable or painful, may in the successions of individuals generate innate tendencies to like or dislike such actions. But if not, the genesis of such tendencies is, as we shall see, not satisfactorily explicable."

We refrain from indicating the interesting relations that could be established between this theory and the problem of disease-transmission, or from showing how syphilis and hare-lip originate in "blastogenic" modifications. We also refrain from indicating the exceptions that might be taken to Weismann's argument all along the line, or the objections that could be urged to almost every proposition. We are content if we have shown the great value Professor Weismann's views have been, in stimulating inquiry regarding the soundness of the foundations of any and all theories of heredity.—*The Physician and Surgeon*.

SHOULD STATE BOARDS OF HEALTH HAVE EXECUTIVE POWERS?

The powers of State Boards of Health vary in different States. We suppose the conditions also vary in these States, so that some variation in the power of the Boards is desirable to meet actual needs. In general it may be said that the State Board should have the power to supplement and complement the local boards. It should have the power of stimulating the local board to do its work thoroughly and

promptly. As the nervous system permeates and causes the coöperation of every muscle and organ in the body, so the State Board should be able to induce a healthy and harmonious action in the several local Boards of Health.

Dr. H. B. Baker, the able secretary of the Michigan State Board of Health, gives the results of his studies thus (Report of Conference of State Health Boards):

"The State Board of Health is a grand power for the advancement of human knowledge for the noblest of all purposes, the betterment of the physical, mental and moral condition of all mankind. I believe that knowledge is power. How shall we best get the most of it? How shall we best impart it to our brothers who need it?

"There is in the minds of some people an idea that State Boards of Health should be mainly great and powerful for the abating of some nuisance, dealing with nuisances large or small, but nuisances which no local Board of Health has abated; nuisances also which no local Board can abate; that the State Board should have mandatory powers to compel obedience to its own views of public sanitation, to its own interpretation of public health laws, many of which laws are enacted because of, and are based upon results of, investigations made by State Boards of Health. I do not think this is desirable. I believe in local self-government. If the State Board has to do the work of the local Boards it cannot do much that it should do, and which cannot be done by the local Boards. I believe we should teach the localities to take care of themselves."

Such has been the plan of operation of the Michigan State Board, and its record is one of which every intelligent citizen is proud, and to which every sanitarian refers as marking the onward march of his science. It is quite enough for this Board to collect those facts useful for the preservation of human health and human life; to investigate the doubtful problems relating to sewerage, to ventilation, to the water-supply of towns, and many other things intimately connected with the prevention

of disease or its cure. When it has thus gained any facts of value it should teach them to the people. From town to town it should travel and gather the people together, interest and instruct them in the ways of life of death. By local illustrations they should bring these facts home to their actual lives. Thus sanitary knowledge becomes living knowledge, and bears abundant fruit in the prevention and cure of disease. Along these lines the Michigan Board has worked with great success. Its sanitary conventions have scattered accumulated facts so that they were actually assimilated by large numbers of the laity. Its executive powers are sufficiently large for its purposes. It seems to us that no extension of them would be of advantage.

We wish, however, that this Board would be so appreciated as to have placed at its command much larger sums of money, and especially that its head should receive a salary more nearly approximating his actual value to the State. Money is also needed to pay for more original research in numerous directions. True, Dr. Vaughan has a laboratory in which he has done excellent work, but other workers should be added, larger laboratories constructed, and the means as well as men provided for a determined invasion into those unknown fields whence are seen to emerge disease and death.—*American Lancet*.

IMPURITIES UNDER THE FINGER NAILS.

We are all, doubtless, familiar with the common belief of people in the poisonous properties of the finger nail. We have, indeed, ourselves seen some severe inflammations caused by the scratch of a nail. So general a belief must, according to Herbert Spencer, have something of truth, and modern bacteriology has furnished the demonstration. It is not the nail *per se*, of course, that poisons, but something that is on or under the nail. Seventy-eight examinations were recently made in Vienna (says the *British Medical Journal*) of the subungual spaces, and there were found: of micrococci, thirty-

six kinds; of bacilli, eighteen kinds; of sarcinæ, three kinds, and common mould spores were very often present.

Personal cleanliness should be insisted on in everybody, but how necessary is it for the surgeon. Antiseptics can never and will never successfully *take the place* of soap and water and the scrubbing brush, but as additions to this process they must, in the light of the demonstrations before us, be henceforth forever included in the routine practice of the conscientious surgeon. The habitually clean will, of course, have less trouble in the preparation of the hands, but the necessity for attention to details in the cleaning of the hands and nails has now been made plain by the valuable experiments of Fürbringer, confirmed by many others and the practice of surgeons like Billroth, who now adopts the suggestions of these investigations in his operative work.—*N. O. Med. and Surg. Jour.*

A NEW USE OF THE CURETTE.

Some months ago, writes Prof. Pajot, (*Annals de Gynecol. et d'Obstetrique*, July, 1890), a young couple came to consult me. The husband, a man thirty-three or thirty-four, of more than the average height, well-formed, had never had any serious disease. The wife, twenty-five or twenty-six, of average stature, habitually enjoyed good health. Marriage, however, of six or seven years had not blessed them with children. "Sir," said the husband, "I will not conceal from you that we have already consulted another physician." He named one of the most inveterate "curetters" of Paris. "This physician," said he, "proposes an operation that will crown all our hopes. He proposes to scrape out the cavity of the uterus. But I could not subject my wife to this operation without taking further advice and I have come for yours." Questioning the young woman closely, I learned that she never had any severe illness; her menstruation had always been regular; the flow, anticipating a day or two each month and lasting three or four days, was normal in quantity and appearance; the bowels

were regular; the appetite excellent. Palpation, the touch, the speculum, revealed all of the sexual organs in the most perfect physiological condition—the uterus of usual volume and in normal position, the orifice well formed and sufficiently large for a nullipara, the genital mucous membrane of a pale rose color and without the slightest trace of catarrh. The vagina was free from acid odor. In brief, the genital system was in a perfect physiological condition.

Astonished at this result I turned to the would-be father and asked him to bring me a sample of seminal fluid. This he did in the evening. Notwithstanding the most careful and extended microscopical examination I was unable to find a single spermatozoon. The next morning the husband returned alone. "Sir," said I, "before your marriage you had a urethral discharge." "Yes," he replied. "About this time one of your testicles became inflamed and confined you to bed." "Yes." "Soon after the other one was similarly affected." "Yes." I had nothing further to learn. I report this case as the first coming to my knowledge in which curetting a healthy wife was proposed to restore the testicular function to the husband.—*Occidental Med. Times.*

THE TRAFFIC IN HUMAN HAIR.

The English Consul at Canton is reported to have stated that there was exported from that port last year 80,000 lbs. of hair, which realized the sum of £319 sterling. He is also credited with the statement that the hair was obtained for the most part from beggars, criminals, and persons who had died of contagious diseases. All this sounds very far from pleasant, but reflection shows that it need not necessarily be as bad as it seems. The hair is generally admitted to be a source of great personal adornment to the gentler sex, provided it is a source of attraction in itself, and we take it that even if the hair of attractive qualities originally belonged to female criminals or beggars, it would still fulfil the same purpose of adornment. In spite, however, of the pro-

ess of cleansing through which these borrowed plumes must pass before they can be placed in the retail market, hair from such sources ought scarcely to commend itself to the more fastidious of the sex, and when removed from the head of a person who has succumbed to an infectious or contagious disease, its manipulation and adoption can hardly be other than risky. If these details were brought well home to the ladies who propose to improve on nature by this extraneous addition to their charms, they might possibly be induced to display a little more interest in the source of the supply.

—*Med. Press and Circular.*

FACTS FOR ANTI-VACCINATIONISTS.

Facts are stubborn things; they usually have a robustness about them which makes prudent persons leave them alone rather than court discomfiture by attacking them. In regard to vaccination, for example, we have just come across some startling proofs of the efficacy of the procedure. Between 1870 and 1873, 20,575 persons died from small-pox in Holland. The authorities becoming naturally alarmed, the vaccination law since that time has been strictly enforced, with the result that the mortality from variola has diminished every year. In the current year, for instance, up to the present, only one death from small-pox has been recorded throughout the country! After this what can the anti-vaccinationists say? People with ordinary politeness would scarcely press them for an answer.

—*Med. Press and Circular.*

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

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OLIVER P. HOLT, M.D.,
Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

Bibliography.

OPERATIVE GYNECOLOGY.

By ANDREW JACKSON HOWE, A.M., M.D., Professor of Surgery in the Eclectic Medical Institute, etc. Cincinnati: Robert Clarke and Co.

This is a convenient volume of 236 pages, in which its author makes a very excellent presentation of the subject of operative gynecology, giving a faithful history of the speciality and its peculiar operations.

For many years Dr. Howe has been known as a general surgeon of more than ordinary ability, and to be possessed of scholarly attainments. He has, from time to time, given the eclectic branch of our profession some of its very best literature. In the volume before us we have a record of some of his work that is highly creditable.

The author expresses a preference for the word abdominotomy over laparotomy, as describing the operation of opening the abdominal cavity. In this we think he is entirely correct.

PHYSICAL DIAGNOSIS AND PRACTICAL URINALYSIS: An Epitome of the Physical Signs of the Heart, Lungs, Liver, Kidney and Spleen in Health and Disease.

By JOHN E. CLARK, M.D. Cloth, 12-mo., \$1.00. Illustrated Medical Journal Company, Detroit, Mich.

In the arrangement of this work the author has succeeded in presenting to the medical student and practitioner a systematic and condensed course of physical diagnosis and urinalysis. It is a work that no one will regret possessing.

CAUSES OF STERILITY AND ITS TREATMENT.

Translated from the French by C. E. WARREN, M.D., of Boston.

This is a very readable little book. Written in colloquial style, it is filled with facts, that read like an object lesson, on the hygiene of the sexual organs, and the relation of the sexes.

This is one of a series to be published by the author.

ESSENTIALS OF MINOR SURGERY AND BANDAGING: With an Appendix on Venereal Diseases.

By EDWARD MARTIN, A.M., M.D. Philadelphia: W. B. Saunders, 1890.

This is a book especially prepared for students, and one that can be well recommended.

A COMPEND OF HUMAN ANATOMY.

By SAMUEL O. L. POTTER, M.A., M.D. Philadelphia: P. Blakiston, Son & Co., 1890.

This volume belongs to the series of quiz-compend, and, like all the other volumes of this series, assists the beginner in perfecting himself in these branches.

POST-MORTEM: What to Look for and How to Make them.

By A. H. NEWTH, M.D., Lond. Edited with numerous notes and additions, by F. W. OWEN, M.D., formerly Demonstrator of Anat-

omy, Detroit College of Medicine. Cloth. 12-mo., \$1.00. Illustrated Medical Journal Company, Detroit, Mich.

For beginners, as well as for those that are not accustomed to make autopsies frequently, this book possesses real value.

THE MEDICAL BULLETIN VISITING LIST.

F. A. DAVIS, Publisher.

This is an exceedingly useful and very conveniently arranged visiting list.

PHYSICIAN'S VISITING LIST.

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This list, now in the fortieth year of its publication, continues to be the standard among this class of necessary publications.

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Original Articles.

FURUNCULOSIS.

A Paper read before the Academy of Medicine,
October 20, 1890,

BY

A. G. DRURY, M.D.,
CINCINNATI.

The term furuncle was first applied by Celsus to a pointed swelling associated with inflammation and pain, which presents a great tendency to pass into suppuration, and is characterized by a deeply-seated necrotic core of cellular tissue. Modern writers have not improved much on this definition.

Shoemaker says furuncle is a circumscribed inflammation of the true skin and subcutaneous tissue, developing one or more various-sized, hard, and painful tumors, which terminate in suppuration and the formation of a central necrosed core.

Hyde defines furunculosis as a disease characterized by the occurrence of one or more circumscribed cutaneous or subcutaneous abscesses, which usually terminate by necrosis of tissue in the centre of the phlegmon, its expulsion in the form of pus or a core, and a resulting cicatrix.

Geber characterizes furuncle as an acute circumscribed inflammation of the cutis, starting from the vicinity of the follicles and glandular structures, which first leads to mortification of the originally affected tissues, and later to suppuration and removal of this core.

SYMPTOMS AND COURSE.

The attention of the patient is first called to a slight itching or burning. This he will probably rub or scratch

several times before he notices a very small, hard point. At first it may be so small as to be hardly distinguishable, but in the course of twelve to twenty-four hours it develops into a distinct nodule. This gradually becomes pointed, and in two or three days a white point shows itself at the now slightly flattened apex.

The tumor usually surrounds the opening of a follicle, and is perforated by a hair. In rare cases this acute stage continues one or two days, then all symptoms of the inflammation disappear. Usually, however, the inflammation proceeds. Then we have a bright red, sharply-defined tumor, which feels hard as wood, and hot, with a throbbing pain. If the white point be opened when it first appears a very minute drop of pus escapes. If it is not disturbed for a number of days, or until it is "ripe," it will open of itself, or an incision will set free a quantity of pus, and a little judicious pressure on the sides will generally press out the core. When this occurs a small opening extending down into the cellular tissue is left. Its walls gradually come together, and its depth diminishes with the diminution of the tumefaction, and in a few days is closed up by granulation. The cuticle peels off over a greater or less extent of surface. The permanent results are cicatrices, somewhat irregular in shape, and red. The color gradually fades, leaving a scarcely perceptible scar.

PATHOLOGICAL ANATOMY.

Of the pathological anatomy, Prof. Geber (Ziemssen's "Hand-book of Skin Diseases") says: "We are seldom in a position to examine all the stages of the disease. We may state with a degree of probability bordering on certainty that the inflammation arises from em-

bolism of the capillaries around the follicles of the sebaceous and sudoriparous glands; mortification of the tissues, with plastic infiltration in the vicinity, occurs at the spot originally affected. Pus makes its appearance; this loosens the detritus of tissue, and by a propagation of the inflammation necrosis of the skin follows, and the discharge of the contents. The inflammation terminates spontaneously, because the pathological process is confined to a small spot."

ETIOLOGY.

Prior to 1879, when the researches of Pasteur and others began to point to a specific cause for furunculosis, the etiology as laid down in text-books, and which was repeated to a certain extent to a much later date, was as follows: In a large number of cases it is possible to demonstrate the cause of the affection, and we may convince ourselves that irritants that act upon the skin for a long time will sooner or later lead to the formation of furuncles. Such causes are friction of the skin by the clothing, the tools of mechanics, etc. The skin itself may also present conditions by which it is kept in a state of constant irritation, such as eczema, pruritus, etc. Other conditions which cause continual itching and scratching are scabies, pediculosis, sycosis parasitica. Ointments, metallic salts, solutions, tinctures and plasters are also to be regarded as causes. They develop also in all kinds of affections of the sebaceous glands, such as acne and sycosis vulgaris. Furuncles often occur in persons who work in impure, dusty air. They also occur in connection with other diseases, symptomatically, and if they continue for a long time, and extend over large surfaces, the condition is looked upon as a special diathesis.

Patients with disease of the intestinal tract often suffer with them until the primary trouble is over.

In diabetes mellitus and insipidus the appearance of furuncles sometimes precedes the presence of sugar in the urine, and even directs attention to it.

In tuberculosis, scrofulosis and other cachectic conditions, the furunculosis

may continue to the end of life. Excessive indulgence in venery and drink are frequent causes.

Furuncles occur with comparative frequency from puberty to middle age in both sexes. This is evidently due to the constitution of the integument, the development of the glandular structures, the follicles, and the growth of the hair.

Individuals who have a rough skin (due to the accumulation of epidermis around the follicles), thick, dark hair, and vigorous growth of hair, are more disposed to the formation of furuncles.

With the exception of the palms of the hands and soles of the feet, where they rarely occur, furuncles appear in all parts of the skin. The spots of predilection are the buttocks, scalp, axillæ, back, neck, cheeks and eyelids.

Furunculosis is said to develop epidemically when variola and erysipelas prevail (Geber).

Zeigler ("A Text-book of Pathological Anatomy," Wood's Library of Standard Medical Authors, September, 1884) says: "Boils are due to inflammation of the tissue surrounding a hair-follicle or sebaceous gland, being distinguished from the pimples or pustules of acne by the much greater extent and intensity of the inflammation."

Hooper (Wood's Library of Standard Medical Authors, June, 1884) speaks of two causes: Predisposing—debility, cachexia, and old age; exciting—obscure.

Buck ("Diagnosis and Treatment of Ear Diseases," Wood's Library of Standard Medical Authors, 1880) says: "Our knowledge of the causes which give rise to the formation of furuncles in the external auditory canal is very scanty. In a fair proportion of the cases I have seen the patients have presented unmistakable evidences of not being up to the proper standard of health. In an equal number, however, the individuals have appeared to be perfectly healthy in all other respects. In a few instances I have suspected a malarial origin for the local affection, but the grounds for this suspicion were in no case very strong. Among the exciting causes may be mentioned an

irritating discharge from the middle ear, or the deeper parts of the meatus."

LIKE INFECTIOUS MALADIES, FURUNCULOSIS IS CONTAGIOUS.

Trastour⁽¹⁾, in 1840, communicated to the Academy of Sciences the history of four nuns who contracted furuncles of the hands, forearms and face caring for one of their sisters affected with furuncles of the buttocks. A fifth nun, who shared in the care of the sick one, escaped the contagion. Affected before with furuncles of the fingers from having dressed a patient afflicted with severe anthrax, and instructed by that experience, she had taken care to wash the things contaminated by the sisters before using them.

Hergott (of Nancy) communicated to the *Annales de Gynecologie* a series of cases of boils transmitted from one woman to another at the Maternité Hospital by the common use of a basin which had not been properly cleaned. Five women had an eruption of boils in the gluteal region. The manner in which the cases occurred left no doubt as to the origin. The basin was disinfected with Van Sweeten's solution, and no more cases occurred.

M. Gingeot says the best method of transmitting boils with cultivations of fluids is to dip a camel's-hair brush into the fluid, and brush over a hairy part so as to thoroughly impregnate the orifices of the glands (*Obstetric Gazette*, February, 1887).

In 1866, Startin (*British Med. Journal*) made a note of the auto-inoculation of boils from scratching, the transmission from individual to individual in cohabitation, and from a patient to a surgeon by the pricking of an instrument.

Bockhart (*London Med. Record*, August, 1887) states that in the pus of impetigo there is constantly present staphylococcus pyogenes aureus and albus, the same cocci which cause acute purulent inflammations in other organs. He finds the same organisms present in the pus of boils. He made pure cultures of this coccus, and with them inoculated the left forearm. On the following day there were twenty-five closely-set im-

petigo pustules on the part inoculated. Most of the pustules were pierced by a hair. Those not so pierced were larger than the others. Within eight days the pustules had all disappeared and left no scars with the exception of two, which became very large and painful boils. Microscopic examinations of portions of the skin cut out showed masses of cocci in that part of the duct of the sweat-glands which lay in the epidermis. The author infers that the pustules of impetigo are caused by the cocci penetrating the sweat-ducts, the hair-follicles, and the ducts of the sebaceous glands. When the cocci remain in the upper layers impetigo is the result; when they penetrate to the bottom of a hair-follicle, or into the depths of a sebaceous gland, or into a sweat-coil, the result is a boil.

The immediate consequence of the penetration of the cocci to these depths is the escape from the blood-vessels of a mass of white blood-corpuscles, which prevent the penetration deeper of these organisms. Eventually this protective inflammation leads to the evacuation of a small abscess, which is composed of cocci and the remains of the epithelial cells and white corpuscles.

Hettstadt (*Deutsche med. Wochenschrift*, May 23, 1883; *Journal of Cutaneous and Venereal Diseases*, January, 1884) says: "Furuncle, carbuncle and malignant pustule are affections which really differ from each other in degree only. All three depend on the introduction of infectious matter into the circulation from without; this matter in the two first named conditions belonging to the class of what are now known as septic agents in general, while malignant pustule is the product of the anthrax poison. Furuncle is a necrosis of one or more of the sebaceous glands. Through a lesion of the cuticle, some poison is admitted which comes in contact with the capillaries of the glands, paralyzes their nerves, produces engorgement and alteration of their blood-supply, cuts off their nutrition, and at last causes the death of the tissues which they normally sustain. The surrounding connective tissue, when once the virus has gained access to it, be-

comes quickly infiltrated, and being thus subjected to increased pressure, the necrosis continues to extend in every direction, especially after spontaneous infection has set in from the suppurative nucleus or core. The parts of the body most liable to furuncle are those in which the sebaceous glands are most abundant, and the skin is most exposed to injury. Thus an unclean finger or nail may convey poison into the circulation from the face. The boils and carbuncles which are so common upon the *nape* and *back* are generated by a virus carried from the neck—galled, perhaps, by a stiffly starched collar—or from the scalp by falling hairs, and which has found a place of entrance upon the first named regions. The fingers carry infection to the axillæ, and the fingers themselves are liable to boils through direct contact, as in dissecting. In the auditory canal, owing to the obtuse angle which it forms near the orifice, its anterior wall is more exposed to contact with foreign substances, consequently boils are more frequently met upon this wall."

Ernest Chambard, in a paper entitled "Contributions to the Infectious Theory of Furunculosis" (*Le Progrès Medical*, July, 1887), says: "The infectious theory of furunculosis, discovered by Hueter, admitted by Pasteur, and sustained by Loewenberg, rests on two kinds of arguments: the one class, the clinical, are drawn from the etiology and symptomatology of the affection; the other, the result of recent bacteriological researches, rests on the discovery in the pus of the furuncle of a microbe, if not special at least constant, and cultivable in a state of purity."

1. *Clinical Arguments.*—It has long been known that furuncle, in the same manner as infectious maladies, can take the epidemic form. We owe to Laycock⁽³⁾ the account of an epidemic of furuncles in England from 1840 to 1850. Kinglake⁽⁴⁾ observed in Somerset county, England, an epidemic of furuncles, furuncular paronychia, and anthrax, following an epidemic of malignant scarlatina, and continuing for six months, in a region of more than twenty miles. Hunt⁽⁵⁾ and Tholo-

zan⁽⁶⁾ have reported analogous facts. and Denucé⁽⁷⁾ has signalized the epidemic character of furuncle in Bordeaux: "It is certain," says he, "that ten years of study at Paris, and fifteen of practice in Bordeaux, where furuncles and anthrax are more frequent, have shown that they attain proportions more considerable and take on forms more severe in the latter place than in Paris." Loewenberg⁽⁸⁾ speaks of the epidemic character of furunculosis of the ear. The successive character of certain furuncular eruptions has been attributed by Loewenberg to their auto-inoculation. Confluent furuncle and anthrax commence almost always by an isolated furuncle, sometimes by a small number of distinct furuncles, but near together. "On the red zone of these primitive furuncles," says Denucé, "there develops a crown of new furuncles, around which appears a new zone, which can itself become the point of departure of a new furuncular eruption."

Some researches of Lannelongue demonstrate the inoculability of furuncle; these have not been, so far as we know repeated.

The progress and complications of furuncle furnish a last and powerful argument in favor of our theory. For a long time surgeons have opposed to the benignant forms of furuncle, a malignant form, fortunately more rare. The observations of Stanley and Lloyd,⁽⁹⁾ Wagner,⁽¹⁰⁾ Weber,⁽¹¹⁾ continued by the important researches of Trude,⁽¹²⁾ and repeated by a great number of surgeons, have shown the particular gravity of furuncle of the face, and its termination, relatively frequently, by a suppurating phlebitis of the ophthalmic vein. It is known to-day, beyond doubt, that furunculosis can become complicated with erysipelas, purulent affections, affections whose parasitical character has been demonstrated, and, it appears, with a form of putrid infection.

2. *Arguments of a Micro-biological Order.*—If the parasitic character of an infectious disease is probable when that disease is epidemic, contagious, inoculable, and susceptible of generalization, that probability approached certainty

when we discover in the humors and tissues of the patient a microbe capable of reproducing in an animal of the same species the same disease after inoculation and culture.

Without being complete, the microbiological demonstration of the original of furunculosis has commenced. Hueter⁽¹³⁾ attributed the genesis of furuncle to the "development of a schyzomycete."

In May, 1879, a man working in the laboratory of Pasteur⁽¹³⁾ was troubled with boils, which reappeared at short intervals on various parts of the body. Pasteur collected the pus from a number of these boils and sowed it in sterilized infusions, and each time a microbe, formed of little spherical points connected in pairs, and frequently united in clusters, was seen to develop. The cultivating liquid was sometimes infusion of fowl, sometimes of yeast. New observations were made upon other patients afflicted with boils, and each time the same parasite was found. He concludes that every boil contains an aerobic microbe, and to it are due the local inflammations and the formation of pus.

According to Marchand,⁽¹⁴⁾ Salisbury had found in furuncle and anthrax a parasite to which he gave the name *crypta carbuncula*. On the occasion of his researches in furuncle of the ear, Loewenberg⁽¹⁵⁾ found and cultivated the microbe of Pasteur.

In "Traité de Bacteriologie;" Corneuil and Babes⁽¹⁶⁾ gave a page to the microbe of furunculosis. They regarded it as the *staphylococcus pyogenes aureus*.

Twenty-five years before Lister's observations were made public, Hueter claimed that inflammation and suppuration were due to monads, and that when these were lacking there would be neither inflammation nor suppuration. Pasteur, however, first showed that the process of fermentation, suppuration, decomposition and contagious diseases were due to a *contagium vivum*, and that these might be prevented by preventing the access of the microbe.

In 1867 Lister published his article on the "Antiseptic Principle in the Practice of Surgery." The essential

doctrine is that the treatment of wounds should prevent the entrance of germs, or, when these have already entered, should destroy them. Lister's teaching only showed that diseases of wounds, pyæmia, septicæmia, etc., were due to germs introduced from the air. Koch put the finishing work on the structure when he produced these germs, and differentiated them in pure cultures, and then by inoculation reproduced the disease itself.

Up to a recent date it was held that suppuration might be caused by the introduction into the tissues of substances that acted simply as mechanical irritants, such as glass, putty, etc., but more recent observations have demonstrated that when these substances are first subjected to rigid antiseptic precautions they will not produce inflammation or suppuration, and that even laudable pus is due to the presence of a coccus.

Rosenbach⁽¹⁷⁾ reports two cases of furuncle of the upper lip opened and examined very early, in which he found only the *staphylococcus aureus*. Of Ogston's⁽¹⁸⁾ work he says: "He demonstrated absolutely that every acute suppuration is produced by a micro-organism." In describing the micrococci of pus formation Ogston showed the most distinct differences in the kinds. In one form the cocci are arranged in chains of three or four, or even greater numbers. As many as three hundred individuals have been observed in one chain. In other cases the chain formation was entirely wanting; the cocci were grouped in masses, which under a strong power looked like fish-roe, or bunches of grapes. Often in an abscess only one kind were seen, but sometimes there were more kinds. Billroth called the chain-coccus *streptococcus*, and this name has been accepted generally. The grouped form Ogston named *staphylococcus*, from their likeness to a bunch of grapes. Ogston thus describes the clinical difference: "Both forms possess the property of causing inflammation which ends in suppuration and phlegmon. The more the disease approaches the type of erysipelas, the more it is concentrated in

the lymph channels, the more evident is its dependence on the streptococcus; while a suppurative inflammation that is confined to the tissues rather than the lymph-vessels, seems to possess the characteristic features of the staphylococcus. In short, localized phlegmon—such as boils, carbuncles, etc.—is generally the result of the staphylococcus, and erysipelas and like processes the result of the streptococcus."

TREATMENT.

Le Gendre (*Journal of Cutaneous and Genito-Urinary Diseases*, February, 1887) says: "Few pathological questions show more plainly the consequences to therapeutics of the discoveries in microbiology. So long as the cause of furunculosis was unknown, various modes of treatment were employed without success, while to-day treatment based on etiology succeeds.

All the older writers, and, indeed, the modern ones until within the last ten years, believed in an internal cause. Diabetes, the gouty diathesis, alcoholism, insufficient or improper nourishment, excesses, chronic dyspepsia, senility, etc., have all been cited as causes. Following out the idea of an internal poison, Brodie and Guérin thought they found singular resemblances between the furuncular eruption and variola, anthrax, and malignant pustule. As late as 1877, Despres was disposed to regard furuncle as an acute, gummy process, which occurred in certain parts of the body in consequence of a general intoxication.

If the boil be seen in the very beginning, that is, while it is simply a papule, it may be aborted. To this end Le Fort recommends a free incision. Guérin prefers blistering. A white-hot needle, or the sharp point of a Paquelin cautery, may be used. Instead of the actual cautery, nitrate of silver may be used. The part should first be washed clean, then the solid stick should be thoroughly applied. Bretonneau and Velpeau extol the nitrate of silver, carbolic acid, caustic potash, and the acid nitrate of mercury. Startin has employed the latter with great success. He places over the boil an opium

plaster, with an opening at the point to be cauterized. After applying the acid he covers all with a poultice smeared with Neapolitan ointment. Hebra advised a bladder containing a freezing mixture of ice and salt. Planet claims to have suppressed furuncular eruptions with a mixture of the extract of fresh leaves of arnica and honey of roses. The tincture of arnica and tannic acid were praised by Halle (CINCINNATI LANCET, 1873). Simon (*France Médicale*, 1872) recommended the frequent application of camphorated alcohol. Tincture of iodine was recommended by Boinet in 1865. Loewenberg believes in puncturing the boil, or, better still, the gland in which the process is beginning, so as to expose the germs to the action of the parasiticide. Heitzman and Pye Smith (LANCET-CLINIC, February, 1889) say that a 6 to 10 per cent. ointment of salicylic acid prevented an outbreak, and checked the disease.

In furuncle of the auditory meatus, Kirchner (*London Med. Record*, October, 1887) washes out the meatus with a 1 to 1,000 solution of corrosive sublimate before opening the boil. Afterward the wound is painted with the same solution three or four times a day. In an article in the *Bulletin de Thérapeutique* (*Journal of Cutaneous and Venereal Diseases*, February, 1886) Gingeot lays down the following treatment. The acid nitrate of mercury and carbolic acid have given him good results, but the substance which he has found preferable is the tincture of iodine. A thick application must be made to the whole part affected, encroaching upon the surrounding healthy skin. The layers must be painted one upon another until there is produced a staining of a dark brown color. A complete resolution can thus be obtained if the application be made early enough; in any case the intensity of the pathological process will be greatly diminished. All other cutaneous lesions which may develop in patients suffering with boils should be thus painted lest they also become furuncular. On the face iodine may be replaced with camphorated oil. After opening the boils may be dressed with borated water or alcohol.

According to Palasne, of Champeaux, the use of iodide of iron favors the resolution of furuncles, and even prevents their appearance.

In the *Deutsche med. Wochenschrift*, May 23, 1883, Hettstadt says: "Antiseptic and abortive measures constitute the only rational mode of treatment. During the first few hours or days of a boil's existence, it presents merely a small pimple, which, being soon scratched open, is covered with a scab. The scab is removed with a small knife, disclosing a suppurating point. A small wad of lint, held by tweezers, and moistened with spirits of ammonia, is pressed firmly upon this point. The application is repeated six or eight times, a fresh wad being used each time. If the purulent spot has attained considerable size the surrounding skin must be scarified before the application of the ammonia, so that the latter may gain entrance on every side."

Muriate of quinine he gives internally. Afterwards borax and glycerine, in the proportion of 1 to 30, is spread over the affected places two or three times a day. In a few days they will be entirely healed. Boils of the auditory canal, however, can be treated only by means of non-caustic disinfectants, such as thymolized boracic acid, acetate of alumina, etc., which are applied as local baths after the incision of the tumor, and are followed by powdering with boracic acid, iodoform, and the like.

A boil should not be opened prematurely except with the intention of aborting it. If opened when the white point shows itself at the apex, a minute drop of thin pus shows itself. The result is to take away pressure, and the core remains much longer attached than if let alone until fully ripe.

Poultices, if used at all, should only be employed in the beginning. They doubtless are the cause of the frequent boils observed in the immediate neighborhood of the original one by conveying the pus containing the germs to the follicles of the sebaceous and sudoriparous glands.

The constitutional treatment calls for such remedies as are employed in

restoring impaired health. For the more specific treatment, the sulphite of sodium (twenty gr. t.i.d.), and the sulphide of calcium (one-tenth to one-half gr), four or five times a day.

Gingeot advises the administration of the hyposulphite of soda in large quantities of water, as used by L. Duncan Bulkley.

Loewenberg prescribes the washing of the whole body with a saturated solution of boric acid. Kaposi uses for the same purpose baths containing about two pounds of alum and five drachms of corrosive sublimate.

Shoemaker says of the sulphide of calcium: "Given early, it will often prevent the formation of pus and cause resolution. But if suppuration be inevitable, it will at least limit its extent, favor its early evacuation, and close the cavity" (*Dietetic Gazette*, July, 1890).

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[FOR DISCUSSION SEE P. 702].

OBSTRUCTION OF THE BOWELS.

A Paper read before the Portage County (O.) Medical Society, December 4, 1890,

BY

H. H. SPIERS, M.D.,
EDINBURG, O.

Obstruction of the bowels, like brain tumor, is oftentimes difficult to diagnose. We see a group or series of symptoms, but these may belong to diseases closely allied. Even similar cases of obstruction are very unlike in many ways. Under the circumstances, it behooves the earnest and honest practitioner to determine as accurately as possible the true situation, that no disastrous result follow in treatment.

REPORT OF CASE.

S. N., American, aged thirty-four; health good, but family history bad, his mother having died of occlusion of the intestine. He was engaged in masonry work on a stone wall. Two other masons were working with him, one on each side, he lifting both ways when a stone was to be moved. On returning from his work at night he noticed a slight fullness and tenderness in the right inguinal region. This was nothing unusual, there having been tenderness in this region for one or two years, more especially in harvest time. It was his custom to put the end of the fork in this place in pitching. He ate his supper, did his chores and went to bed, feeling as well as usual.

At 2 a.m. I am summoned to relieve a severe pain in his right shoulder. A hypodermic of morphia is used for this purpose. I should probably have left without further examination, but two or three months previously he had had a difficulty in the region of the ileo-cæcal valve. It lasted only two or three days, but was severe. My attention is therefore more closely directed to this part, thinking it might have a causal relation. There is a little fullness, a

slight tenderness, but, as said before, the pain is in the right shoulder. The large intestine being full, there is no marked difference in the percussion-note of the tumor and the surrounding part. Temperature 101.5° F.; pulse 120; bowels regular; the tongue slightly coated, but moist; no headache, chill or indisposition except slight nausea and pain as expressed. Order mucilaginous drinks—preferably flax-water—and abstinence from food. Also order an enema twice a day (olive oil 3i, epsom salts 3ss, aqua q. s. Oj), the hips to be elevated and to retain the injection as long as possible. No cathartic given.

See the patient every day at the same hour. The amount of injection being too large, it is lessened, and the infusion of senna used in place of water. Three days later the bowels act several times, but there is no evidence of movement above the ileo-cæcal valve. From the amount of injection now retained, and by percussion, the colon is shown to be empty. The tumor assumes a more distinct shape. On percussion it is oblong, and by rectal examination feels like an orange. Evidently, the tumor is solid—probably fecal. How to remove it, is the question. Is active catharsis, under the circumstances, safe?

Order a small amount of food in fluid form, well cooked, three times a day. The patient's taste is consulted, but those articles are chosen which leave a minimum of residue. Give pepsin every four hours, and quiet pain with needle only when severe. Keep the tumor well anointed with oil, using it in this way every hour or two, both night and day. Mr. N. says: "I know the oil is being absorbed, for the taste is continually in my mouth." Five days later the tumor seems softer, but the condition is about the same. Use injections high up, mostly nutritious in character. At the end of the next six days, or about fourteen days from the first visit, the situation is as follows: Temperature 102°; pulse 120 to 130; tongue slightly coated, but moist; considerable emaciation; patient a little discouraged.

At this stage of affairs, Dr. W., in my absence, is driving by. The father

of the patient calls him in to examine the case and give his opinion. Dr. W. examines and pronounces it obstruction of the bowels. On asking his remedy, he proceeds as follows: "I would give a large injection of salts and senna and an active cathartic by the mouth." The patient asks: "Doctor, what would you expect from this treatment?" "I would expect the two cathartics to come together and that you will be at once relieved."

At my next call Dr. R. is requested to examine the case in my presence. It is examined carefully and the following opinion given: "A case of obstruction at the ileo-cæcal valve. The chances are the patient will die." The question is then put: "Would you give or withhold purgatives?" "Avoid all forms of cathartics. They can certainly do no good. If given they will certainly do harm." The case continues the same for several days—weary, anxious days for patient and attendant. The promise had been made to carry the patient through, and to this end the treatment is directed.

On the twentieth day Mr. N. passes a watery, orange-colored stool, full of long strings or shreds. The odor is very offensive. On succeeding days discharges of a similar nature, containing some fecal matter, are passed. The tumor does not lessen in size until fecal matter appears in the stools. It may be thought that improvement dates from this period. There is a space of from seven to ten days after this that the patient's life seems wavering in a balance. Sleepless nights, profuse sweats, a hectic condition, of a nearly normal temperature in the morning and an elevated temperature in the evening. But the evening temperature gradually lessens until it assumes the normal. Then visible improvement begins to take place. He gains flesh rapidly from this time forward.

On the forty-seventh day Mr. N. is able to ride out and attend to ordinary duties. I caution him in regard to lifting heavy weights; also in regard to diet and action of the bowels. He purchases an interest in a steam thrasher. This, in connection with a small farm,

occupies his attention. It is now eighteen months since his illness. In conversation with him a day or two ago he says: "I am in perfect health. No trouble whatever since sickness."

In looking back over the case there appears a difficulty in reconciling the conditions. In the absence of an autopsy much must be left to conjecture. Many questions may be asked:

Why all the pain in the right shoulder?

Why the absence of vomiting?

What the true cause of the fecal impaction?

In answer to the third proposition, after some thought, I think the case was one of intussusception of the small intestine through the ileo-cæcal valve; that the occlusion was complete, hence no passage for so long a period; that the invaginated part sloughed and caused the characteristic stools; that the union of intestine was complete, hence no difficulty afterwards.

DISINFECTION BY GASES.

Dr. J. E. Gaillard, in a Paris thesis of 1889, reports a number of experiments on the germicidal action of nitrous-acid and sulphurous-acid gases on pure cultures of different micro-organisms (*Staphylococcus pyogenes aureus*, comma bacillus, bacteria of charbon, bacillus of green diarrhoea, typhoid fever, pneumococcus, etc.), and also on inferior organisms contained in the atmosphere of a room. He concludes:

1. Nitrous-acid gas is a powerful disinfectant, but difficult to employ practically on account of its corrosive action.

2. Sulphurous-acid gas has an evident microbicidal action on germs in the air.

3. Sulphurous-acid gas should be employed to disinfect contaminated localities, in the strength of forty grammes to the cubic metre of air.

4. The action of sulphurous-acid gas is exercised very energetically in the presence of moisture, hence the precept to saturate disinfecting chambers with steam.—*N. Y. Med. Journal.*

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of October 20, 1890.

The President, C. D. PALMER, M.D.,
in the Chair.

J. M. FRENCH, M.D., Secretary.

DR. A. G. DRURY read a paper on

Furunculosis (see p. 695).

DISCUSSION.

DR. A. RAVOGLI stated that he believed that micro-organisms are the principal cause of furunculosis only in so far as they produce irritation on the circumscribed point, which is the seat of the dermatitis. He believes that the furuncle may be also the result of a mechanical irritation, and narrated his personal experience with two boils which were the result of purely mechanical irritation of the skin. At another time he had suffered from furuncle as the result of the bite of an insect. Furuncles are frequently the result of the bite of an insect, as from the sand flea, the wood-tick, etc.

It is necessary for us to make a distinct line of separation between the diseases which we know as furunculosis, sycosis and anthrax. There can be no question that the presence of pus on the skin will produce sycosis, which we call *coccogenica*. It has also been demonstrated that the presence of the pus on the healthy skin, as on that of the scalp, from a furuncle, will lead to inoculation with the staphylococcus and the development of other furuncles.

The best treatment for furuncle is the application of a poultice. The speaker had tried the freezing mixture and had found it of no benefit; many of the patients cannot tolerate it. The poultice is calmative, softens and hastens suppuration. After the furuncle has been opened, antiseptics must be used to keep the germs from infecting surrounding tissue.

DR. LEONARD FREEMAN thought

the last speaker was too much inclined to refer the production of a furuncle to an ordinary irritation. There can be no true boil or abscess without micro-organisms. In an ordinary boil something develops within and multiplies. It begins small, and becomes larger. Some irritants are capable of producing pus. Some of the salts of mercury cause the production of pus, but the pus formed in this way does not spread and grow into a boil or abscess; it remains confined to the area acted upon by the irritant. Such "chemical pus" is rare. The almost universal rule is, "no pus without micro-organisms." If, in the illustration of this rule, a small, hermetically-sealed glass globe containing a culture of the pus-formers be introduced, under aseptic precaution, beneath the skin of a rabbit, the wound heals without suppuration, no matter how much the tissues have been irritated during the operation. But if this glass globe, healed in beneath the skin, be broken, thus liberating the contained pus-formers, suppuration takes place at once.

He reported an epidemic of furunculosis in the Home of the Friendless, in which many remedies were tried without success. In one or two cases, however, regular washing out of the stomach was followed by recovery. In these cases a condition of the system favoring furunculosis was probably brought about by some abnormal state of the alimentary canal; but no matter what the general condition may be, germs are necessary for the local production of furuncles.

DR. F. KEBLER had been impressed by the remarks of Dr. Ravogli in reference to the production of furuncles as a result of purely mechanical irritation. While a student at college he had been impressed with the frequency with which the students, who were drilling as oarsmen, of whom there were a great number, were affected with furuncles on the buttocks. It was supposed to be the result of the irritation produced by the sliding seat of the canoes.

DR. S. C. EVANS thought that in these cases, where irritation appeared to be the cause of the disease, the staphy-

lococcus was simply rubbed in. He stated also that when the German army changed their uniforms, not long ago, they got many boils from the rubbing of the high collars which they were required to wear. It was a result of the germs being rubbed into the open follicles of the skin.

Have we a right, the speaker asked, to speak of a disease or of a diathesis in furunculosis? If there is an instance in which we have this right, it seems to be in those cases of children where the disease seems to be more or less epidemic. But ordinarily the disease is not epidemic; the staphylococcus enters the follicles of the skin and develops in that way. It does not pass through the circulation. The disease picks upon a peculiar type of infant; they are usually tubercular. Ziessler examined these boils in many cases, however, and did not find that the tubercle bacilli formed in them.

DR. JOSEPH RANSOHOFF reported the case of a man who never has any illness except an attack of furuncles which occurs about twice every year. He has been treated in every way possible, by all kinds of medicines, baths, etc., but without receiving any benefit. Every spring and fall the disease reappears.

He had also another case much similar. There was no syphilis, and no disease showing itself in the urine. At intervals he has an attack which occurs on the buttocks, on the hips and thighs, and confines him to the house.

The speaker then referred to the distinction between furuncles and carbuncles. He said that we can usually easily distinguish between these two diseases; at least we can differentiate a small furuncle from a large carbuncle. But he had seen cases in which it was very difficult to distinguish between them. In them we have precisely the same process, except in one there is more sloughing and gangrene than in the other. If we have a single opening through which pus escapes, it is said to be a furuncle; but if there are several openings, it is called a carbuncle. The diagnosis is of great importance to the patient. The speaker also thought the

disease a local affection, but that there must be something in the constitution of the patient to facilitate its development, otherwise we would not have the disease appearing so frequently in the same individual. There is unquestionably a local irritation in them which can be transferred from one point to another by means of a poultice. The pus may be carried about by the slipping of the poultice, and thus the disease may be propagated from point to point.

We are much in the dark as to the best methods of treating this disease. The speaker did not think poulticing should be commenced too soon; nor should incision be made too early. He was in the habit of dipping a sharpened match into carbolic acid and causing it to penetrate the boil. After suppuration is established, there is nothing better than applying an iodoform bandage. There is strong temptation in these cases to catch the core and pull it out as soon as it appears. It is better, however, to let it take care of itself. By forcibly removing the core hemorrhage is induced, and there is greater danger of infection being produced. He reported a case of a boil on the knee, which was followed by erysipelatous inflammation of the thigh, extending up to the groin, with considerable elevation of temperature.

The difficulty of diagnosis between furuncle and carbuncle is greatest when we find a furuncle coming in the location in which we most look for a carbuncle, that is, on the back of the neck.

DR. A. B. RICHARDSON stated that he had been interested in furunculosis, as it affects the insane in asylums. There are usually in asylums some who develop the disease. The number affected is probably about 2 per cent. of the inmates. They are most observed in cases of acute mania or of frenzied melancholia. They usually occur toward the subsidence of the acute symptoms. This is so frequently observed that the attendants expect the patient to recover promptly after having a crop of boils. Whether there is any connection between the development of the boils and the recovery, is a question which

had suggested itself to the speaker. There is certainly something in the condition of the patient at the time which leads to the development of this disease. These people are more liable to injury, but there is no recognizable relation between the furuncles and the physical condition at the time. The cases occurred in isolated individuals. It is probable that the condition of the system favors the propagation of the bacillus, and that the frequent abrasion of the integument and the great restlessness in these classes, gives opportunity for the development of the disease. The effect of the local inflammation, acting as a counter-irritant, is the probable explanation of the beneficial result noted on the course of the brain disease. Such favorable results of other forms of local irritation have been frequently noted.

DR. JOSEPH E. BOYLAN spoke of the disease as it occurs in the external auditory meatus. The furuncle usually occurs in the external part of the meatus, and when it occurs here, owing to the looseness of the tissues, the pain is not usually so great as it is if the furuncle occurs deeper in the meatus. Subsequent attacks are liable to be deeper than the first.

Numerous remedies are constantly recommended, but none of them are very efficacious. The pain can always be quickly relieved by free incision. The pain is slight as compared with that which the patient is suffering. The next best thing is early compression by means of a drainage tube saturated with oil and introduced well into the meatus. If these measures have failed, narcotics may be resorted to, not by external application, but by internal administration or hypodermic injection.

DR. RAVOGLI remarked that there might be some difficulty in the diagnosis between furuncle and carbuncle, but generally the symptoms were quite different. There is, in carbuncle, enormous inflammation and swelling, with great redness. There is violet-brown color, with signs of commencing gangrene. The furuncle remains always limited; it never exceeds the size of

a walnut. The number of openings has nothing to do with the diagnosis. The openings are only a result of the gangrenous process.

DR. GEORGE W. RYAN said that we often forget that, according to the older writers, the treatment of furuncle was local and constitutional. Furuncle is a purely local disease, and there can, therefore, be no necessity of constitutional treatment. If, however, there is with it some other feature in the case, we must treat that. We must wash out the stomach, perhaps; we must give iron to the anemic, mercury to the syphilitic case, etc.

DR. WILLIAM JUDKINS reported a case of a gentleman who came to him eight or nine times every year for hrdoeolum. After trying all the remedies usually employed in such cases, he gave him quinine with the effect of arresting the disease. The individual himself now prevents the occurrence of the trouble by the early administration of this remedy.

DR. MASSILON CASSAT narrated his personal experience with furuncles, and asserted that he had entirely prevented their occurrence by the administration of sulphur. He had had the same results in others. In the so-called blood boils, he had not seen as good effects from it. For several years he had examined the pus from every case, and found several forms of bacteria usually present.

DR. J. L. CLEVELAND stated that he had, a few years ago, given the sulphur treatment a pretty fair trial at the suggestion of the last speaker, but that he had been unable to obtain any such good results as he had been led to anticipate.

DR. C. D. PALMER stated that he preferred the application of an ointment of resorcine to poultices or other applications.

DR. DRURY, in closing the discussion, stated that he had had his attention first directed to this disease by his own experience with it. He had tried sulphur and had found it of no benefit.

See advertisement of the Robertson Pneumachemic Machine, advg. p. xii.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of November 25, 1890.

The President, MAX THORNER, M.D.,
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. S. STARK exhibited a specimen of

Intact Ovum.

This specimen of intact ovum corresponds to about a two months' pregnancy. The patient menstruated last September 15. She called at my office November 13, complaining of cramps, severe bearing-down pain, and frequent desire to pass water. Examination revealed a retroverted pregnant uterus in a state of prolapse. Displacement was overcome and a Thomas pessary introduced. After a few days the patient removed the pessary, and November 23 she was again seized with severe cramps and discharge of blood. To-day (November 25) at noon she passed something into the vessel, after which I was summoned. When examined there still remained some large pieces of decidua in the uterus, which were removed. About one-half the ovum is covered with villi.

DR. STARK also presented two specimens of

Intra-Ligamentous Cysts.

This specimen I removed from this same woman fourteen months ago. After the operation the uterus remained in persistent retroversion, but, as the patient experienced no inconvenience from the displacement, it was not corrected.

Lastly, I also wish to present a specimen of suppurating intra-ligamentous cyst with gangrenous walls, removed by me Saturday morning (November 22). The patient came from out of the city, and had been treated for two and a half months for continuous fever. She was highly emaciated and in a state of severe sepsis. Morning temperature during the three days prior to the operation ranged between

101° and 102°, evening temperature between 103° and 104°; pulse always over 120. You also see large pieces of gangrenous tissue, separations from the cyst wall, which were lying loose within the sac. The cavity of the ligament was left open, washed out with a 1 to 2,000 sublimate solution, and then filled with sterilized gauze taken directly from the sterilizer.

Saturday night the temperature was still 103.4°, but the pulse was 96.

November 23—Temperature: a.m., 101°; p.m., 100°.

November 24—Temperature: a.m., 99°; p.m., 99°.

This morning the temperature was 98.5°, and the patient was feeling very well and beginning to grow quite hungry.

DISCUSSION.

DR. E. S. RICKETTS: In regard to the first case presented by Dr. Stark, the question comes up as to whether or not it was not best to remove the ovaries at the time the cyst was removed. I think that in these cases the patient should not be allowed the risk of becoming pregnant.

DR. BYRON STANTON: I would like to ask Dr. Ricketts if he attributes the abortion to the removal of the cyst. In this case the adhesions were not extensive, and I don't see that there is any connection between the two.

DR. RICKETTS: I believe, as I stated, that in these cases the healthy ovary also should be removed.

DR. STANTON: It is a fact that women from whom one ovary has been removed go on bearing children afterwards. Of course, there is always danger of aborting when there is much cicatricial tissue formed.

DR. RUFUS B. HALL: I am surprised at the statement made by Dr. Ricketts that we should remove the opposite ovary in these cases of intra-ligamentous cysts, even though the opposite ovary be healthy. After a patient recovers from this operation she is in as good a condition to bear children as one who has recovered after an ordinary ovariectomy, and who would think of advocating the removal of a healthy ovary after an ovariectomy to

prevent conception or the possible development of another ovarian cyst? I want to raise my voice against this statement in the most emphatic manner. We are to do nothing of the kind that is both irrational and pernicious. There are many cases on record where women have borne children without the least inconvenience after ovariectomy. I have myself had a case from whom I removed a twelve-pound tumor. She had a healthy son some thirteen months after with no more inconvenience than attends normal pregnancy and labor. As to the development of a cyst in a healthy ovary, experience has proved that they are no more likely to have a cyst in the opposite ovary than any other woman. It would be just as rational to remove the healthy ovary under these circumstances as it would be for the general surgeon, when called to attend a railroad man who had sustained an injury by the engine wheels passing over his leg, making amputation necessary, to amputate the uninjured leg along with the injured one for fear that in some future time it might get mashed. This is new doctrine to me. I have yet to hear, before to-night, the first man recommend the removal of the healthy ovary in such a case as this.

The specimen which Dr. Stark has presented as a case of intra-ligamentous cyst has no appearance of such a cyst. It is a beautiful specimen of a small cyst of the ovary, about the size of a pint cup. You will observe by an examination of it that it is perfectly smooth over its whole surface. It is white and shining, as a true ovarian cyst always is, and it had a narrow thin pedicle, as you can see from the part detached, it not being more than one and a half inches broad and less than half an inch thick. Certainly no operator could ask for a better pedicle than that. This cyst does not come under the head of an intra-ligamentous cyst. An intra-ligamentous cyst is one in which we have the floor of the pelvis lifted up, the cyst developing between the folds of the broad ligament, and as it enlarges it lifts up the pelvic peritoneum on that side. It pushes the uterus to the opposite side, and a cyst no

larger than this one would be wholly within the fold of the broad ligament; and the only way that one of these cysts can be removed is to split the peritoneum over the upper part of it and dig it out. This has no appearance of having been dug out of the broad ligament; indeed, the gentleman reporting the case does not claim it was. If it had been it would be covered by shreds instead of this white shining wall. I want to differ from the speaker regarding its being an intra-ligamentous cyst. I do this in the most kindly spirit, for it is important to be correct in reporting our work for the benefit of statistics. Again, an operation for an intra-ligamentous cyst is among the most bloody, difficult and desperate work of any of the abdominal operations, as I can myself testify. They are the cases that, in the words of Goodell, "die upon the table" even in the hands of the most noted operators of the age, while this was the easiest of the easy operations.

DR. E. S. RICKETTS: I said those men doing the largest amount of work in this line advise the removal of the opposite ovary. I myself have seen cases in which a secondary operation had to be made several years afterwards. We know of cases where the same woman has been operated on twice for extra-uterine pregnancy.

DR. HALL: The case of extra-uterine pregnancy sustains me in my argument. Disease of the Fallopian tubes is the most common cause of extra-uterine pregnancy; in fact, I have grave doubts that in any case of extra-uterine pregnancy the patient has healthy Fallopian tubes on either side; and in operating in that condition, if the opposite side was found diseased, I should act as I do in removal of the appendages in inflammatory disease—that is, remove both sides.

DR. STARK: The abortion in this case was not due to any excessive tension or adhesions of the stump with consequent reflex uterine contractions. It was due to the beginning incarceration of the retroverted uterus.

It seems to me that it is a good plan to leave a healthy ovary. Retroversion is a common sequel to ovariectomy, and

surgeons are constantly performing the operation for ventro-fixation or one of its modifications for the purpose of preventing the displacement. Are we not much better able to cure this retroversion, if pregnancy ensues, by attention to the uterus in the puerperal state?

Dr. Hall objects to this being an intra-ligamentous cyst. Sometimes these cysts grow beyond the folds of broad ligament and become sessile. This tumor belongs to that class, but at the same time not to a marked degree, as it had a very broad base or pedicle, necessitating removal of a large part of the lateral ligament. In the growth of this tumor the ovary has been carried away from the fimbriated extremity of the tube so as to approach in immediate contact with the uterus. This of itself will readily explain the origin of its growth.

DR. EDWIN S. RICKETTS reported

Two Cases of Ovariectomy,

and exhibited specimens removed.

CASE I.

Mrs. R., aged forty-one. Began menstruating at thirteen, once in every twenty-eight days. Noticed that her abdomen was large at twenty-three. Married at twenty-five, first child born at twenty-six. The tumor was tapped at twenty-eight and three gallons of fluid removed. Her second child was born at twenty-eight. Tapped again. Third child born at thirty-one, after which the tumor was tapped, fifty ounces of fluid being taken. Fourth child born at thirty-five. Tapped at thirty-six, and a wooden bucketful and a half of fluid removed. Six months after this she was tapped for the fifth and last time, about a wooden bucketful of fluid being obtained. The result of these tapplings approximated more than one hundred pounds. Alarming depression followed the last two or three tapplings, which caused her physician to urge the removal of the cyst. These depressions, her apparent good condition, the diagnosis of a multilocular cyst, with no history of attacks of peritonitis, prompted me to advise the operation, she feeling afraid to undergo another tapping, which I confess I con-

sidered about as dangerous an operation as to do an ovariectomy.

The operation was done two weeks ago. The cyst being accidentally opened, I syphoned off about thirty-five pounds of fluid. I explored the inner side of the cyst, finding it multilocular. As the anterior adhesions of the cyst to the abdominal walls readily separated, I thought I could shell it out and ligate the pedicle; if not, go as far as possible, draw out the sac, cut away at its equator or below, and stitch into the wound, allowing drainage to go on from the inner cyst wall through a glass drainage-tube. When two-thirds the way down the wall suddenly became thin, tearing at every attempt at removal, so that I was compelled to "toad-stool" it in shape and drop it. Going back to where the cyst first began to tear, I found an extra-peritoneal cyst the size of my fist that I had ruptured near the spine. Not until I passed my hand, touching the right kidney, did I know that the cyst was *not* the right kidney. From the left side of the pelvis I turned out a cystic tumor attached to the Fallopian tube as large as a medium-sized orange. The abdomen was flushed out and hot sponge pressure applied to control the oozing. The patient died in five hours from shock.

CASE II.

Mrs. —, aged thirty-nine, widow eight years; one child, sixteen years of age; no miscarriages. Began menstruating at twelve years of age, once in twenty-eight days. Her general health from childhood up has been good. Married in her twenty-second year. A little more than one year ago she noticed that her abdomen was increasing in size, necessitating some alterations as to the waistbands of her clothing. She did not suffer from any inconvenience or pain until four weeks ago, when she fell, which caused pain for about three days in the abdominal region, for which she consulted her physician. He, after a careful examination, made the diagnosis of ovarian cystoma, urging immediate surgical interference. I saw her in consultation on November 15, concurring in the diagnosis and in

the importance of early removal per abdominal section. This was agreed to, the patient coming into the house on the afternoon of November 18. After a bath, she was given saline purgatives, followed by washing out the rectum and vagina with warm filtered water, on the morning of the day of the operation.

I operated November 19 at 10 a.m., under the rules of *strict cleanliness, no chemical antiseptics coming in contact with sponges, water, instruments or after-dressings*. The absorbent cotton used came from the original package—unbaked even—and the adhesive plaster from the original roll, while the silk used for ligaturing and suturing was simply immersed in warm filtered water, after having been thoroughly stretched; and here I wish to say that I *never* use silk until all the *stretch* has been taken out by my own hands. In putting the silk through the test for this case I found a bad lot, which would have given me trouble had it been used in the ordinary way, causing unnecessary needle punctures of the pedicle and abdominal wall. Chloroform was given, with a hypodermic injection of 1-8th of a grain of morphia with 1-120th of a grain of atropia twenty minutes before the beginning of its administration. An incision three inches in length was made midway between the symphysis and umbilicus, in the median line. The attachment of this cystoma to the pedicle presented a little to the right of the incision, as you will see in the examination of the specimen, beside the point of puncture through the thickest portion of the wall. Before plunging the large Tait trocar into this thick presenting part of the tumor, I explored with a perineal needle, the yellow fluid escaping through the small opening. The amount of fluid drawn off was estimated to be nearly one gallon. The thinner cyst wall presented and was incised in order that I could introduce my hand to reduce the size of the tumor, thereby rendering its delivery through the small incision easier. After delivery two pedicles presented for ligation, with adhesions between; they were easily reduced by

the thumb nail. I am sure as to the main pedicle, the seat of the cystoma being the *left* ovary; it may take the microscope to decide as to the other. One peculiar feature is that this *main* attachment *presented almost in the line of incision*, with the pedicle running down in the pelvis *between* the bladder and the cystoma. The tension brought to bear on this pedicle was marked. Time of operation, thirty minutes. Estimated weight of cystoma and its contents, twelve pounds.

Her pulse has not been above 80; temperature 99.5°. At 6 o'clock to-night the temperature was 98.4°; pulse 72.

DISCUSSION.

DR. S. STARK: I think Dr. Ricketts is especially to be congratulated upon the second case. There is a possibility of this being a bony instead of a calcareous plate. It feels very much like bone.

DR. RUFUS B. HALL: I think the first case presented by Dr. Ricketts an exceedingly interesting one. It should be put on record whether or not this hard substance is bone or a calcareous plate. This case is a good object lesson; it shows the folly of delay in ovarian tumors and the necessity of an early operation. A large per cent. of cases operated upon late die. Early operations, on the contrary, are generally favorable in the outcome.

The second case, with the two separate attachments simulating two pedicles, is not of frequent occurrence, yet they are sometimes found. It would be both interesting and valuable to the literature of the subject if the reporter would have sections made and examination by the microscope to determine if the two stumps are of the same structure. This may be an omental attachment on the opposite side to the true pedicle. Advice is often given to patients suffering with a tumor that as long as the tumor don't bother you, don't bother it. This is wrong, and the advantage of an early operation is beautifully illustrated in the two cases reported by Dr. Ricketts.

DR. STANTON: I think that the fact that the patient had been tapped a

number of times added greatly to the danger of the operation.

DR. STARK: Tumors of the size operated upon in the first case are so great as to endanger the life of the patient from the sudden removal of inter-abdominal pressure. In these cases would it not be advisable to begin two or three days before the operation and remove a little of the fluid each time? The sudden removal of so large an amount may have added to the shock in this case of Dr. Ricketts.

DR. HALL: I want to indorse what Dr. Stanton has said in regard to tapping as a remedial means, as well as in a manner what Dr. Stark has said. Dr. Keith taps as a preliminary measure in large cysts where the patient is much debilitated, but in place of several tapplings and of removal of a small quantity only he taps but once and removes a large quantity, and operates in ten or twelve days afterwards. This is a valuable procedure, and prevents bronchitis after the operation, which we so often have in that class of cases if it is not resorted to.

DR. THORNER: The reporter spoke about the injection of morphia before the operation. I would like to hear the general opinion of the members in regard to the injection of morphia before an anæsthetic.

DR. C. R. HOLMES: I have been interested in this question, and have been in the habit of giving 1-4th of a grain of morphia combined with 1-150th of a grain of atropia twenty minutes before giving an anæsthetic. Whether using ether or the A. C. E. mixture, the result seemed favorable. The struggling seemed very much obviated, and patients take the anæsthetic very much better.

DR. HALL: About three years ago I began giving injections of morphia and atropia before an anæsthetic. My favorite anæsthetic is ether, and I use it almost altogether, and think that with the injection the patient goes under much easier and requires much less ether to keep them under. About a year ago I quit it because in abdominal operations I do not want my patients to have one dose of morphia if it can be avoided. I never had any other reason

to reject it, and use it now in all of my work except abdominal work.

DR. STARK: I can readily see that the preliminary injection of morphia and atropia would conduce to bring the patient more quickly under the anæsthetic. There are times, however, when the injection is especially indicated, and that is before administering an anæsthetic to a person addicted to the use, or rather abuse, of alcohol. These patients have a very violent stage of excitement, which may be curbed and even prevented by the hypodermic. There also occur very strong contractions of the masseter, diaphragm and intercostal muscles, which sometimes assume alarming proportions. I have had several such experiences, the last time with a patient operated for papillomata of the bladder. The first operation was done without the preliminary injection, and before a second operation, which became necessary because of recurrence of the growth, the morphia and atropia was administered with complete success.

DR. D. T. VAIL: I would like to ask Dr. Hall if he thinks that the injection of morphia causes vomiting after the patients come out from under the influence of the anæsthetic.

DR. HALL: I think not, except in those cases where there is susceptibility to the morphia.

DR. RICKETTS: The history of the first case is that every spring she ran down and became quite weak.

The question as to slow tapping in these cases I think is well taken. In these cases that have been tapped many times the adhesions are more at the point of tapping, so we are told, than posteriorly. I was looking for this in this case.

As to anæsthetics, I believe them all to be dangerous. I generally use chloroform. I have only used the morphia and atropia a few times. In abdominal surgery it is advisable to get along with as little morphia as possible.

Several times when the respiration flagged in this case the suggestion of McWilliams was used, and the abdominal aorta was compressed several times, with respiration at once set going.

Translations.

A RESUME OF THE SUBJECT OF HYSTERO-ELECTROLYSIS.

TRANSLATED FROM THE FRENCH
BY

OTTO JUETTNER, M.D.,
CINCINNATI.

There are principally three ways of applying the galvanic current to fibroid excrescences of the uterus, and the opinion of gynecologists is divided as to the relative value of any one of the three modes of application. The three methods are known respectively by the names of their originators: Chéron, Apostoli and Danion-Championnière.

Chéron brings a tampon-like electrode into direct contact with the cervix, or introduces it into one of the vaginal culs-de-sac, applying the other electrode, representing the negative pole, to the abdominal wall, on a level with that portion of the tumor farthest removed from the body of the uterus. The intensity of the current never exceeds fifty milliampères. Chéron interrupts the current frequently. It is supposed that the shock consequent upon each interruption of the current, is immediately followed by a violent contraction of the abdominal walls and the underlying structures. The uterus and its morbid appendage, being interposed between the two poles, are literally traversed by the current and undergo a sort of compression, resulting from the contraction of the muscular elements entering into their texture. Contraction of the muscular fibres is communicated to the walls of blood-vessels. As a result there occurs a permanent contraction of the caliber of the vessels and consequently a diminution of the quantity of blood, circulating in these structures. This explains the disappearance of hemorrhages. The superficial massage, resulting from the contraction of the pelvic-abdominal muscles, together with the massage of the deeper structures, produced by the interruption of the current, prevent accumulation of fluids by irritative

action upon the vascular, and secondarily the lymphatic system. The ultimate result is denutrition of the parts concerned and, therefore, atrophy of the fibrous enlargement by fatty degeneration. Hence there occurs a diminution in the size of the tumor.

Apostoli employs the galvanic current upon an entirely different principle, namely, by intra-uterine application and puncture. For his purpose the current must be of considerable intensity. The method is based upon the recognition of two distinct and well-marked effects which follow the use of the current according to Apostoli's suggestion. The first and immediate effect is a chemical (*i. e.* not a thermic) cauterization of tissue. This effect is different in character at the two poles. This so-called polar action of the current is at the option of the operator inasmuch as the latter may employ a mono-polar current (if only one pole is active) or a bi-polar current, (if both poles are active). The second effect, representing the joint action of both poles in relation to each other (hence called intra-polar action) consists in the disintegration of tissue, consequent upon the passage of the current. There is really nothing new in Apostoli's method, since it is practically only an adoption of ideas, advocated years ago by Martin and Cutter. The only original feature of Apostoli's method is the intra-uterine employment of the negative current. Apostoli was the first to use the negative current in the cavity of the uterus. He advised the use of a current of less intensity than would have been perfectly safe with the positive pole in the uterine cavity. Apostoli begins the treatment of all fibroid cases by introducing the negative pole into the uterus and applying the positive pole to any part of the body-surface, preferably the abdominal wall. In this procedure he looks upon the positive current as indifferent, attributing whatever effects are produced to the action of the negative pole. If this method (called by Apostoli "intra-uterine chemical cauterization") fails, he resorts to the more severe operation of negative galvano-puncture, which

consists in penetrating into the substance of the tumor by means of a steel needle, serving as the negative pole. It would seem that this method would be out of the question in cases of cervical stenosis or considerable flexion of the uterus. Apostoli, however, says that these conditions need not be impediments, and does not fear any damage which could possibly be done by forcibly making a galvano-puncture.

Danion - Championnière claim for their method the advantage of simplicity and innocuousness. It certainly cannot be denied that it is better adapted to the wants of the general practitioner than the last method, which requires special knowledge and skill in gynecological work. Danion and Championnière were convinced by a series of clinical illustrations that puncture, by means of a small needle, produced as good, if not better results than a large and deep puncture. Accordingly they introduced into the cervical canal an "excitateur" with so small a surface that its cauterizing action may be entirely disregarded. They employ a current varying in strength from fifty to eighty milliamperes and reverse it several times without producing shock. The uterine, or rather the vaginal electrode, consists of a stick of insulated platinum, one end of which is joined to a cone-shaped sponge-tampon. This is likewise insulated to within a short distance of the point, which is brought in contact with some pre-selected part of the cervix or of one of the cul-de-sac. The abdominal electrode is like the one Apostoli uses, consisting of a large plate of some material, serving as a conductor. In this way a current of 150 milliamperes can be passed without causing even the slightest discomfort. The current is reversed without producing shock.

Concerning the *relative value of electricity in the treatment of fibroids* it may be safely said that electricity cannot be considered a means, reliable and adequate, for the removal of these tumors. In fact, there is no record of even one solitary case to show that it is. Two objects, however, electricity seems at times to be able to accomplish

in cases of fibroids. It frequently has (1) a well-marked palliative action in relieving pain and controlling hemorrhage; its employment may (2) be followed by a more or less considerable diminution in the size of the tumor.

The first named *palliative action* would seem to follow in an equal degree both the extra-uterine and the intra-uterine application of the current, judging from the published cases. One would almost be tempted to indiscriminately use the one or the other methods in fibroid cases, since results, as far as the palliative effect is concerned, seem to be equally gratifying after both methods. Remembering, however, that hemorrhages are not always produced by the same cause, we are not at a loss to understand the success of different methods in conditions which appear to be identical, but are, in reality, not the same.

In a considerable number of cases hemorrhage comes from a diseased or degenerated mucosa, a condition of fungous endometritis. In cases of this kind, extra-uterine electrolysis is, to express it mildly, far from being a safe procedure. But we readily understand that Apostoli's "chemical galvano-cauterization" should possess a high degree of efficacy in causing the destruction of the diseased membrane by a kind of electrical curetting.

In those cases where hemorrhage is the result of permanent and intense congestion of all the internal genitalia, the different methods must be of equal usefulness. The results, after the different modes of application in these cases are good, but not superior to the results following hydro-therapy or the administration of ergot. In the cases referred to, it is immaterial whether we resort to extra-uterine or intra-uterine electrolysis.

In cases of hemorrhage, following some morbid change in the mucosa, Apostoli's "intra-uterine cauterization" is nearly always successful. This fact is attested to by the majority of gynecologists who have employed this method, including such men as Martin, L. Smith, Mundé, Massey, and Keith.

In reference to the *action of the cur-*

rent upon the size of the tumor, there is a great diversity of opinion. Mundé, after subjecting eight patients to Apostoli's treatment, considers electricity a useful analgesic and hemostatic agent, but does not think that it affects the size of the tumor. Massey states that out of thirty-six cases two were considerably benefited, in eleven there was a slight reduction. One of his patients died in consequence of the electrolytic treatment.

There seems, however, to be a consensus of opinion in reference to the inadequacy of the current to produce more than a partial reduction. In fact, many of the observers incline to the view that the reduction is not due to any selective action of the current upon the tumor, but simply the result of vascular and lymphatic depletion, which seems to follow the passage of the galvanic current.

It is certainly sufficiently established that not one of the different electrolytic methods is positively curative. But they have their sphere of usefulness in causing a partial disappearance of the tumor, in relieving pain, in checking hemorrhage, thus rendering the lives of patients bearable. In many cases such relief is almost equivalent to a cure.

As far as the *dangers of electrolysis in incompetent hands* are concerned, suffice it to say that intra-uterine electrolysis should not be thought of, if the physician does not possess that special knowledge and extraordinary skill which are indispensable to the safety of the patient.

An exact and complete diagnosis is a condition *sine qua non* in all cases where the use of the intra-uterine method is contemplated. If the uterine appendages are diseased, electrolysis is a useless and even a dangerous procedure. If the pre-existing lesions are of an inflammatory character, the electrolytic treatment may be the cause of an acute exacerbation of the trouble and not infrequently lead to a lethal result. If there is a cyst present, electrolysis may be followed by an acute enlargement of the same. Suppuration may supervene and a general peritonitis and death may close the scene.

The subject of electrolysis in cases of fibroid tumors of the uterus has certainly experienced a sufficiently thorough practical and theoretical demonstration to admit of a final verdict regarding its relative value. The method of Apostoli is always difficult of application. It is dangerous in cases of mistaken diagnosis, in careless and incompetent hands, in cases of tumors where an exact diagnosis is not possible, and where precautions, aseptic or rather antiseptic, are not taken. The method of Danion - Championnière, although practically innocuous, has a limited sphere of applicability. In young women this method is out of the question on account of the intense nervous excitement following the use of a current of high intensity. The method has been recommended for women approaching the menopause. At this age, however, there frequently occurs a spontaneous amelioration of the condition, and it is doubtful whether the current was at all instrumental in bringing about the improvement.

In conclusion it is but fair to say that the ideal electrolytic method for the treatment of fibroids remains yet to be found.

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Selections.

HOARSENESS AND LOSS OF VOICE CAUSED BY WRONG VOCAL METHOD.

Such a case as the following often presents itself in my own practice, as I suppose it does in the practice of all who see many singers' throats.

A young person, generally a female, complains of hoarseness, of difficulty in producing such tones as still remain to the singing voice, of a constant tired feeling in the region of the larynx, and of aching or pain there after singing.

This history is generally as follows: The patient is a student of vocal music. Before commencing the study of vocalization she sang freely, thoughtless of her manner of doing so, with no sense of fatigue, but, on the contrary, with a feeling of physical enjoyment; in fact, as a child of musical aptitude and a naturally good singing voice always sings.

Very soon after beginning to receive instruction she began to experience some of the above-mentioned symptoms, and the highest notes of the voice were produced with increasing effort. After a time these high notes were lost, and at last the speaking as well as the singing voice became hoarse. To such a recital is added the remark that before taking singing lessons there had never been any throat affection or hoarseness.

The examination of the throat reveals perhaps a moderate naso-pharyngitis and a catarrhal laryngitis, and, upon attempted vocalization, one or both vocal bands are seen to be paretic. The closure of the cartilaginous and ligamentous glottis is imperfect and there is defective tension.

Now to the patient, as well as to the physician such a history and such appearances reveal nothing more than a catarrhal affection of the mucous membrane, and consequent paresis of the laryngeal muscles, caused by hostile climate. Especially would this be likely if the patient had formerly resided in an inland region and was pursuing her studies in a seaboard or

lake city. Of course, under any circumstances, the first command given by the physician would be entire rest of the singing voice and as much as might be possible of the speaking voice also.

The ordinary treatment for the catarrhal condition would be instituted, and, should the paresis not disappear, faradization and strychnine would probably assist the action of the vocal bands and help to restore the quality and capability of the voice.

Such a result will naturally lead to mutual congratulations. But should the cure prove to be short-lived, and the same treatment be required almost as soon as the lessons or practice are resumed, the physician and patient may well ask if a disease which yields so readily to rest and almost routine treatment in an otherwise healthy young person has not some causative factor besides atmospheric conditions.

The natural inference would be that singing had something to do with it. Now singing, properly performed, never injured a healthy throat. I believe, on the contrary, that declamatory exercises and singing are not only restorative to throats which have congestive tendencies, but are almost efficient in preventing catarrhal inflammations. If this is true, and I think no one will dispute it, the decision will not be that singing must be abandoned, but inquiry must be made with regard to the manner of using the voice.

Let it not be said that this is not within the province of the medical adviser. Granted that the laryngologist is not expected to teach vocalization, it is, nevertheless, the fact that the anatomy and physiology of the vocal organs are his daily study.

Most of us are fully competent to detect a wrong physiological procedure by inference, if not by the result which special training or a musically appreciative ear instantly stamps as vocally wrong—that is, physiologically wrong. To abandon the practice of singing may entail in our patients great individual deprivation, as well as loss to a community, small or large, as the case may be.

The medical advisor in the case described above will not be able to prevent the return of the morbid conditions except by determining the fact that wrong use of the voice is probably the cause of its deterioration.

And now it may be properly asked of me to show how the voice has been improperly trained or used.

First of all, let me say that the defects in vocal production are many, and the various wrong ways of singing are almost numberless. The peculiar morbid conditions of the throat which I have described are most frequently caused by the instruction which is given by some teachers, and not infrequently inculcated by treatises on singing, that the tongue should be forced to lie flat in the mouth during vocalization.

If I should assert that this was wrong, I should simply answer one dogmatic assertion by another. Therefore we must examine the mechanism of the natural emission of tone, and contrast this with what we have found will produce the diseased condition which we have described.

A different position of the laryngeal parts is demanded for each note of the scale. In a previous paper I have said that the muscular arrangements of the larynx are capable of adjusting the position of the larynx for every note of the scale independently of the action of the breath. In order that these adjustments may take place rapidly, there must be no hindering, opposing action of antagonistic muscles.

The theory which induces the teacher to insist upon the depression of the tongue is that the cavities of the mouth and pharynx are thereby enlarged, and the corollary is that the larger these cavities are the larger the tone is. Not only is this deduction erroneous, but, if true, the method employed would be the least suited to gain the desired result.

The attempt to depress the tongue necessarily causes tension of the posterior and especially of the anterior pillars of the pharynx, and the isthmus faucium is thereby narrowed. Whatever may be the explanation, the fact remains that such instruction is given

by many teachers, and the effects are as pictured above.

Forced flattening of the tongue prevents the necessary free movement of that organ as well as of the jaw and the velum palati. The epiglottis is bent backward and the larynx is driven down and held in a constrained position.

We know that constant alteration in the shape of the mouth takes place during singing, because its shape varies for every different vowel sound.

We all witness, many times each day, that the base of the tongue changes its position or form with each different vowel sound which the patient is asked to produce during the ordinary laryngoscopic examination.

To insist that the root of the tongue should remain flat in singing the vowels *e* and *i* (Italian) is demanding that opposing, hindering muscular efforts shall be put into action; moreover, the natural, frank emission of these vowels is impossible. To *hold* the tongue flat for such vowels as are *naturally* produced with a lower position of the tongue and larynx, *a* and *u* (Italian) is to prevent the free action of the muscular adjustments which are necessary for every successive note of the scale.

So far I have spoken only of the effects of this evil instruction upon the pharynx and the laryngeal movement *en masse*. The constrained and unnatural positions into which the pharyngeal muscles are forced will largely account for the catarrhal processes, but the greatest injury is produced within the larynx itself.

I have said that a different adjustment of the laryngeal parts is demanded for each note of the scale. That a variation in the action of *intrinsic* muscles is necessary is proved by the changed appearance of the glottis with every group of notes which constitute the so-called registers. At a certain note of the scale, differing with the character of the voice—soprano, contralto, tenor, etc. — a well-marked change in the shape of the glottis is perceived by the mirror.⁽¹⁾ The carti-

¹ Although this change is not so exact as would appear from the foregoing statement, it is sufficiently so for the argument.

laminous glottis is closed and the vibration is confined to the ligamentous portion. Again, the shape of the ligamentous glottis changes as the scale is sung upward. Now, all these changes in the shape of the glottis are produced by changing muscular action.

If we consider how rapidly these changes occur we must admit that no restraining force, by opposing muscular action, can be permitted. Add to this the variation in the longitudinal tension of the bands and we need say nothing further with regard to the freedom of action which is demanded for all laryngeal movements.

The fatigue of the intrinsic laryngeal muscles which results in a real paresis arises from the unnaturally forced endeavor of these muscles, together with their assisting extrinsic ones, to form the glottis into the proper shape for the production of the different tones of the scale; for, if the position of the larynx is not the natural one for the production of any note, the glottis-shaping muscles can not perform their function unassisted, and the help of the increased wind-blast is called for.

The contest can not be carried on forever, and sooner or later the tired muscles are incapable of the required contracting force, and tension, as well as adducing power, is lost. The cartilaginous and the ligamentous glottis of one or both sides remain inactive, and congestion of the relaxed bands and an open glottis result. I might stop at this point, but I can not refrain from the brief citation of a few cases which seem to illustrate my argument.

In two cases I have seen extravasation of blood under the mucous membrane of the vocal band—a condition which I venture to call the spirit-level form of hemorrhage, for the globule of blood during phonation changes its position as the drop of air in the level does at any departure from the horizontal. I first saw this extravasation in the band of a young lady who was being taught to force the tongue flat while singing. I saw the same condition in the vocal band of a favorite actor, whose wonderful character acting has astonished and delighted the public

for a few years past. The rôle in which he has been so successful demands a double impersonation—the constant use of a peculiar low voice, quickly alternating with a quite different higher voice of contrasted timbre. The extraordinary low voice is evidently produced by forcing down the larynx, while the result is great vocal fatigue and, certainly on one occasion, has been hemorrhage into the substance of the vocal band.

Case of a Young Tenor.—A few months ago a young tenor desired my advice for exactly the conditions which have been described in the beginning of this paper. It so happened that for two or three years I had listened to his singing and had had abundant opportunity to know that his voice was a true tenor of large compass and of pleasing quality, but for some months past I had noticed that it had lost much of its brilliancy and purity, and that the upper tones were sung as if with unusual effort. Upon inquiry, I found that he had been studying with a teacher who had insisted that all the different vowel sounds should be sung with flat tongue and low larynx. Abstinence from singing and the complete abandonment of the vicious instruction, together with the usual treatment for the catarrhal inflammation, quickly restored the natural quality and compass of the voice.

What has been so far said is the result of my own observation and belief. It is agreeable to find corroboration in the writings of teachers and physicians. With your indulgence I will make but two quotations which seem too apposite to be omitted.

Patton says: (1) "But the aim of all vocal practice consists in establishing perfectly normal relations between the motor power and the cords. Now, this result is only to be reached by the absence of all undue efforts; and, whereas certain vocal theorists, who rely wholly for success on various muscular movements, may occasionally produce some local benefit, yet in general they impart to the pupil an idea that singing is

1 "The Art of Voice Production," New York, 1882, p. 84.

laborious work, and the latter seldom reaches, judging from experience and various instances, the ease of tone-emission which is a charm both for the singer and the listener. Therefore, would it not seem far better, as a general rule, that the vocal scholar were told to think as little as possible about his tongue, for instance, excepting to let it alone and at rest, relying for vocal effect exclusively on the correct breath action? . . . Let the vocal student learn to open his mouth with the utmost ease. Let him learn to drop the lower jaw in uttering a tone with the same absolutely unconscious ease, even as the eyelids drop apart, and let him in this natural way develop any other set of muscles called in play for vocal purposes in the most gentle manner, ever remembering how quietly Nature performs all her normal functions. I desire to impress it on the minds of vocal scholars that any abnormal and strained muscular gymnastics for vocal purposes—as, for instance, the pulling up and down of the larynx as a whole, apart from its natural movements, as in swallowing, etc.—must be pernicious, because all such movements are unnatural in singing. The muscles involving the production of the voice are *instinctively* set to work, and their wonderful adjustment far surpasses all human conception and ingenuity.”

Sir Morell Mackenzie writes:

“If the master persists in making the pupil sing in a way that is *felt* to be a severe strain, if every lesson is followed by distressing fatigue of the laryngeal muscles, pain in the throat, or huskiness of the voice, then I say, whatever be the authority of your instructor, do not listen to him, but rather heed the warning that is given you by your overtaxed organs.”

I am aware that the picture I have drawn exhibits fatigue of the vocal organs and is to be treated as such, but it is not fatigue caused by the legitimate or necessary use of the voice, which may occur to the best singers from the exigencies of the exercise of their profession. It is a fatigue which occurs from wrong vocal training, and has ruined many a good voice.

The pupil is ignorant and trusting, and the teacher conscientiously inculcates a method which, so far as I know, always produces injury. The physician must heal and restore the injured organ, and, if possible, prevent recurrence of the diseased condition. It seems to me that he should warn the pupil that unnatural, unphysiological processes will render his treatment abortive.—S. W. LANGMAID, M.D., *N. Y. Med. Journal*.

ON THE NATURE AND TREATMENT OF ECZEMA.

Unna writes on the above subject in the *British Journal of Dermatology*, and makes a strong plea for the specific nature of the disease. He believes that the true and essential cause is the inoculation of a germ, probably of vegetable nature. The germ, however, proliferates in the epidermis and its appendages, only when the soil is suitable for its growth. The various predisposing and exciting causes which have previously been regarded as the sole causative factors must now be regarded only as preparing the nutrient basis for the reception and proliferation of the germ. The congenital nature of the skin (heredity), supervening diseases, especially those which alter the skin secretions (rheumatism, gout), changes in the skin tissue such as take place at the various periods of life (dentition, menstruation, climacteric), and other intercurrent diseases of the skin (acute axanthemata)—can be all considered as predisposing causes, or, better, as pre-existing improvements of the nutrient base. External warmth and moisture, simple inflammations and stases, as well as all external irritants, may be described as exciting causes, or better, as accidental improvements of the nutrient base. The parasitic theory, then, instead of denying all the previous observations which have been made on the ætiology of eczema, requires them as essential auxiliary causes. In defining eczema, Unna modifies slightly the definition of Erasmus Wilson, and calls it “a chronic parasitic catarrh of the skin, with desquamation, itching, and the disposition to respond to irritation by exudation

and well-marked inflammation." The author concludes his interesting article as follows:

1. The treatment of chronic eczema may be considered with advantage under two heads: (a) By the use of antiparasitic measures the germ itself is attacked. This is the direct treatment. (b) On the other hand, by it the epidermis, which is the nutrient soil, becomes less suitable for the growth of the specific germ. This is the indirect treatment.

2. The radical treatment of eczema aims at the destruction of every single germ in the depths of the epidermis.

A disappearance of the eczema efflorescence is by no means equivalent to a thorough cure of the disease, which is, however, always attained by the prolonged and continuous use of specific measures.

3. There are various chronic eczemas, which may be distinguished with certainty by their clinical symptoms and course. They do not by any means always pass through the so-called "stages" of eczema, of which we hear so much, but each form has its own type, its own variations, and of course its own specific treatment. As examples I may quote the eczema of scabies, the seborrheic eczema, follicular eczema, and papular eczema.

4. As the therapeutics of these ætiologically different eczemas is not the same, I will limit myself to special suggestions for that variety which is the most common—viz., the seborrheic eczema. This begins as a desquamative erythema, similar to pityriasis, and continues as such, or develops either into an oozing eczema or into squamous or crusted psoriasis-like eruptions. When it becomes vesicular it is chiefly from the effect of external irritation.

For the treatment of this eczema we possess as specifics strong alkalies, several metallic oxides, and the reducing group of medicinal agents. In this series of specific remedies the most worthy of mention are caustic potash, zinc oxide, lead oxide, mercuric oxide, sulphur, resorcin, pyrogallol, chrysarobin, and the various kinds of tars.

5. The choice of the remedy and its

form of application are determined in seborrheic eczema, as in all forms of eczema, by the degree of inflammation which is present.

When the inflammation and oozing are pronounced, the milder specifics are indicated, such as zinc oxide, lead oxide, sulphur, resorcin, in the form of powders, lotions, pastes, and glycerin gelatines. When the inflammation is less and the dryness greater, the stronger specifics, such as chrysarobin, pyrogallol, tar, and mercuric oxide, are indicated, especially in the form of salves, salve mulls, plaster mulls, and waterproof dressings.

6. It may be taken as a general rule that among the remedies and modes of application those must be selected for each case which will produce the most powerful effect on the specific germ (direct or indirect) without exciting an artificial inflammation. A really "irritating" treatment is not necessary, even in the case of the oldest and dryest eczemas; if only provision is made for thinning down the horny layer (an ordinary sequence), the specific agents will have the desired effect without any irritation whatever. Indeed, an irritating mode of treatment of eczema is only justified on principle when it is used as a test to spots which are apparently healed, in order to recognize the presence of any surviving germs which they may still contain. The alternation of anti-eczematous and provocative treatment corresponds to Tyndall's interrupted sterilization.

7. The only internal remedy which exercises any specific though limited influence on seborrheic eczema, and especially on its drier forms, is arsenic. All other forms of treatment of the general organism, and of other organs which have a direct association with the skin (such as the bowels, uterus, kidneys), all dietetic cures, all baths (except sublimate baths), may be considered only in so far as they may possibly assist the local treatment of the skin in an indirect way.

8. In the search for new specifics against the various forms of eczema their harmlessness for the general organism must be taken into considera-

tion, and with regard to the reducing medicinal agents in particular it must be noted whether there is an absence of irritating properties in their oxidation products.—*Four. of Cutaneous and Genito-Urinary Dis.*

TREATMENT OF EPITHELIOMA OF THE FACE WITH ACETIC ACID.

At a recent session of the French Society for Dermatology and Syphilis, Arnozan (*Therapeutische Monatshefte*, September, 1890) reported eight cases of epithelioma of the face, commencing in the sebaceous glands, treated locally with acetic acid. The applications were made either with a piece of wood or a glass rod, or, where the disease was very extensive, with a brush, every second day, or daily, or even several times a day. During the first sittings crystallized acetic acid, diluted either one-half or two-thirds with water, was used; later on the pure acetic acid was applied. The treatment causes pretty lively burning, which, however, lasts but a short time. The crusts adhere at first closely, and afterwards begin to loosen up at the edges. The treatment must be discontinued till the crusts fall off, and a rosy granulating surface is left. The ulcerating area grows smaller after each application, until finally a smooth white scar is left. The patient can carry out the treatment himself, and no very elaborate dressing or bandage need be worn. Arnozan has not tried this method in deeply ulcerating epitheliomata with swelling of the lymphatic glands, and therefore cannot say whether, in such cases, it would be efficacious. In the above mentioned cases the treatment was successful.—*Occidental Med. Times.*

ARISTOL IN THE TREATMENT OF SKIN DISEASES.

In a letter to the *Journal of Cutaneous and Genito-Urinary Diseases*, September, 1890, Dr. L. Brocq, of Paris, communicates some of his results with aristol in the treatment of cutaneous diseases. In his experience the drug

acts only as a cicatrizant. In chancroid its use does not seem to exert a favorable influence on the virulence of the disease. In tertiary syphilitic ulcerations it apparently hastens cicatrization, provided that appropriate treatment with mercury and potassium iodide is also used. Cicatrization in tuberculous diseases of the skin is also hastened by applications of aristol. Applied to non-ulcerated lupus vulgaris or erythematous lupus, it exercises no useful influence. In tuberculous ulcerations of mucous membranes it is useful, and by means of it Dr. Brocq was able to secure cicatrization of an extensive tuberculous ulcer of the arch of the palate. In superficial epithelioma aristol does not seem to exert any destructive influence on the pathological cells; but, if the growth has been destroyed by caustics, by curetting, or by the hot iron, the drug hastens cicatrization. The author's method of treating this disease is to curette the base thoroughly, and if he believes that the diseased tissue is completely removed, to dress with aristol. If the disease is apparently not completely removed, he applies potassium chlorate, either in powder or solution, for a few days, and then uses aristol.

In the treatment of psoriasis, aristol has given the author scarcely appreciable results. To test its value thoroughly in this disease, he has treated all his cases with aristol on one side of the body, and with the ordinary applications on the other.

In no instance has Dr. Brocq seen aristol produce toxic symptoms.—*Med. News.*

CHLOROFORM INHALATION IN PHTHISIS.

Dr. Pio Marfori (*Riforma Medica*, September 27), claims to have obtained good results in some cases of phthisis by making the patients inhale chloroform for a few minutes six times a day. The cough is relieved, the character of the secretion modified, and the febrile temperature reduced. The symptoms return when the treatment is suspended. Dr. Marfori gives one illustrative case,

that of a young man with advanced disease of one apex, and greatly reduced by two years of illness, who was "perfectly cured" by chloroform inhalations in three months. During that period he had taken, or at any rate used, five kilogrammes of chloroform.—*Supp. British Med. Journal.*

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

At the next meeting, December 15, 8:15 p.m., a paper will be read by DR. BEEBE on "Precordial Pain"; also one by DR. REAMY of a report of a case of "Ectopic Gestation with Operation Followed by Recovery."

CINCINNATI MEDICAL SOCIETY.—

December 16 and 23, "Obscure Phases of Malaria Poisoning": Its Relation to General Medicine, by DR. C. G. COMEGYS; to Ophthalmology, by DR. C. R. HOLMES; to Obstetrics, by DR. WM. H. TAYLOR; to Gynecology, by DR. BYRON STANTON; to Surgery, by DR. N. P. DANDRIDGE; to Laryngology and Otology, by DR. A. B. THRASHER.

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, December 13, 1890.

The Week.

SKEPTICS.

From the beginning to the present time there have been skeptics and doubters, men whose minds are so constructed as to make them physically shrug their shoulders and wag their heads at every new discovery and invention. Columbus could convince but one person that the earth was a sphere, and even among the twelve Apostles there was a doubting Thomas. Jenner was reviled and so was Harvey, while it was with very great difficulty that Morse could obtain a hearing for his invention of the magnetic telegraph.

The announcement of Koch eight years ago that he had discovered the bacillus tuberculosis met with doubtful shrugs and wags, but the truth was mighty and soon prevailed. But the only reason in the world for that acceptance was because his statements were as demonstrable to the natural senses as any problem in mathematics. The bacillus could be made visible through the eye-piece of a microscope. This knowledge at once became so general as to give character to any of

his utterances in the future. The discovery of the germ was the sure forerunner of a discovery that would be a long stride in the direction of making of our art a definite science.

With a definite knowledge that is demonstrable, and not an empirical following in the beaten tracks of those who have gone before, our calling must and will enter upon a new era. This new era will bring about a demand for men of high educational attainments, men who are familiar with physiological and pathological processes, and all the changes that mark the course of any disease. Over and above this, the coming doctor must be a sanitarian and thoroughly versed in prophylaxis.

In this connection we note the coincidence of Koch's recent discovery with the inauguration of what is known as the graded-course system of instruction that has been adopted in nearly all the reputable medical schools and colleges in this country, the one seemingly the complement of the other. The work will not be through for investigators with the announcement of Koch's remedy as a specific cure for all cases of tuberculosis. Malignant disease in all its forms will and does claim the attention of the most scientific minds.

This new era of definiteness in the diagnosis and treatment of disease should be marked by the extermination of quackery and charlatan practices. It should also be marked by a better education of the people in what may be termed the natural philosophy or physics of medicine. With such an education engrafted upon our common school system, there will be an acceptance of the truth in medicine as it is revealed through the observations of cultured scientists.

Skeptics and doubters will continue to exist, just as there are always men

who tell their hearers that engineers cannot accomplish certain specific work which is undertaken for special purposes. Notwithstanding their shrugs and wags, the work goes on to completion, and, as if for no other reason than to show the capabilities of the human intellect and that the world do move.

THE following, from the *British Medical Journal* of November 29, 1890, seems to indicate pretty strongly that the German Government is not skeptical as to Koch's discovery of a remedy for tuberculosis:

The German Emperor has conferred on Dr. Koch the Grand Cross of the Red Eagle, in recognition of the value of his great discovery. No German scholar or man of science has received this high decoration since it was bestowed on the great naturalist and traveller, Alexander v. Humboldt. The decoration was personally conferred on Dr. Koch by the Emperor at an interview, during which the properties of the remedy were explained. The city of Berlin has presented its honorary freedom to Dr. Koch. This also is an altogether unusual honor, his only fellow-citizens being Prince Bismarck, Field-Marshal v. Moltke, and Dr. Schliemann. A great number of idle rumors have been in circulation during the past ten days. The only one which it seems necessary to notice is that to the effect that Dr. Koch's health had severely suffered. We are glad to be able to state that this rumor is unfounded.

PROF. KOCH states that the government must prepare the "lymph" used in the cure of tuberculosis. He also asserts that the recurrence of tuberculosis after treatment by his method is extremely rare.

THE demand for the Koch hypodermic syringes is so great that the manufacturers are unable to fill all their orders.

HEALTH DEPARTMENT OF
CINCINNATI.Statement of Contagious Diseases
for week ending November 28, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....							3	1				
2.....							2					1
3.....			3				3					
4.....			1				1	2	1	2		
5.....			1				3	2				
6.....							1				1	
7.....							3					
8.....							1	1				
9.....							2					
10.....							1	1				
11.....			2				1	1				
12.....			4				2	2				
13.....							1					
14.....												
15.....							1	3				
16.....							4					
17.....												
18.....							1					
19.....			1				2					
20.....												
21.....									1			
22.....							3					
23.....								1		1	1	
24.....			10				4					
25.....												
26.....			1				1	1				
27.....			1				1	1				
28.....							1					
29.....							1					
30.....							2					
Public In-stitutions												
Totals			24				45	16	2	3	3	
Last week.			4				62	13	2	1	5	

The following is the mortality report for the week ending November 28, 1890.

Croup.....	3
Diphtheria.....	16
Typhoid Fever.....	3
Other Zymotic Diseases.....	3-25
Cancer.....	3
Consumption.....	17
Other Constitutional Diseases.....	4-24
Bronchitis.....	8
Convulsions.....	5
Gastro-Enteritis.....	2

Heart Disease.....	4
Liver Disease.....	4
Meningitis.....	5
Nephritis.....	3
Pneumonia.....	11
Other Local Diseases.....	18-60
Deaths from Developmental Diseases.....	11
Deaths from Violence.....	8
Deaths from all causes.....	128
Annual rate per 1,000.....	26.48
Deaths under 1 year.....	25
Deaths under 5 years.....	47
Deaths for corresponding week of 1889....	105
Deaths for corresponding week of 1888....	116
Deaths for corresponding week of 1887....	149

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 58 cities and towns during the week ending November 28, 1890:

Diphtheria: Aberdeen, 6 cases, 1 death; Akron, 5 cases; Carthage, 1 case; Chillicothe, 2 cases; Cincinnati, 45 cases, 16 deaths; Cleveland, 12 cases, 2 deaths; Columbus, 12 cases, 2 deaths; Dayton, 12 cases, 4 deaths; Defiance, 3 cases, 1 death; East Palestine, 1 case; Forest, 1 case; Fostoria, 3 cases, 1 death; Middleport, 1 case; New Straitsville, 1 case; Sandusky, 1 case, 1 death; Springfield, 2 cases; Tiffin, 6 cases, 3 deaths; Toledo, 12 cases, 4 deaths; Van Wert, 1 case, 1 death; Warren, 1 case; West Jefferson, 2 deaths; Wilmington, 4 cases, 2 deaths; Wooster, 1 case; Youngstown, 8 cases.

Scarlet Fever: Chillicothe, 2 cases; Cincinnati, 24 cases; Cleveland, 9 cases; Dayton, 1 case; Defiance, 2 cases; Doylestown, 3 cases; East Palestine, 3 cases; Hicksville, 2 cases; Lorain, 1 death; Miamisburg, 3 cases; New Lisbon, 1 case; New Straitsville, 1 case; Salem, 1 death; Sandusky, 1 case, Springfield, 4 cases; Toledo, 3 cases; Wooster, 1 case; Youngstown, 3 cases.

Typhoid Fever: Cincinnati, 1 case, 3 deaths; Cleveland, 9 cases, 1 death; Clyde, 1 case; East Liverpool, 2 cases; Forest, 1 case; Fostoria, 8 cases, 1 death; Middleport, 1 case; New Lisbon, 1 case; Ravenna, 1 case; Sandusky, 2 cases; Shelby, 1 case; Toledo, 1 death; Van Wert, 1 case; Wilmington, 1 case, 1 death; Wooster, 2 cases, 2 deaths; Youngstown, 7 cases.

Whooping-Cough: Youngstown, 1 case.

Measles: Cleveland, 1 case, 1 death; Glouster, 11 cases; Ironton, 4 cases; New Straitsville, 1 case; Springfield, 1 case; Youngstown, 1 case.

No infectious diseases reported to health officers in 21 places.

C. O. PROBST, M.D., Secretary.

MARTIN, of Paris, says that the Cæsarean operation should be performed after dilatation of the cervix and prior to rupture of the amniotic sac.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending December 5, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Croup.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....							1	1			
2.....			1								
3.....			1					1			
4.....			2				2	1			
5.....	1		1								
6.....							2				
7.....							1				
8.....							2				
9.....							1				
10.....							2				
11.....							4	1			
12.....							2				
13.....							1				
14.....							3	1			
15.....			1				1				
16.....							1	1			
17.....			1				3				
18.....							1				
19.....							1				
20.....							1				1
21.....							5				
22.....							1				
23.....			1				3				
24.....			14				2				
25.....									1	1	
26.....											
27.....											
28.....							3				
29.....							1	1			
30.....							4				
Public In-											1
stitutions											
Totals	1		22				48	7	1	1	2
Last week.			24				45	16	2	3	1

The following is the mortality report for the week ending December 5, 1890.

Croup.....	1
Cerebro-Spinal Meningitis.....	3
Diphtheria.....	7
Typhoid Fever.....	2
Other Zymotic Diseases.....	5—18
Cancer.....	2
Consumption.....	16
Marasmus.....	2
Other Constitutional Diseases.....	3—23
Apoplexy.....	2

Bright's Disease.....	2
Convulsions.....	6
Gastritis.....	2
Heart Disease.....	6
Meningitis.....	4
Peritonitis.....	4
Pneumonia.....	11

Other Local Diseases.....	13—50
Deaths from Developmental Diseases.....	11
Deaths from Violence.....	4

Deaths from all causes.....	106
Annual rate per 1,000.....	16.96
Deaths under 1 year.....	24
Deaths under 5 years.....	38
Deaths for corresponding week of 1889....	110
Deaths for corresponding week of 1888....	108
Deaths for corresponding week of 1887....	150

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 48 cities and towns during the week ending December 5, 1890:

Diphtheria: Aberdeen, 1 case; Akron, 2 cases, 3 deaths; Carthage, 1 case, 1 death; Chillicothe, 2 cases, 2 deaths; Cincinnati, 48 cases, 7 deaths; Cleveland, 8 cases, 2 deaths; Columbus, 10 cases; Dayton, 11 cases, 1 death; Defiance, 3 cases; Elmore, 3 cases; Middleport, 1 case; New Straitsville, 2 cases, 1 death; Salem, 2 cases; Springfield, 1 case; Tiffin, 6 cases; Toledo, 11 cases, 2 deaths; Upper Sandusky, 1 case; Youngstown, 9 cases, 1 death.

Scarlet Fever: Cincinnati, 22 cases; Cleveland, 14 cases, 1 death; Clifton, 2 cases; Columbus, 9 cases; Dayton, 6 cases; East Liverpool, 1 case; New Straitsville, 1 case; New Lisbon, 2 cases; New Straitsville, 2 cases; Shawnee, 2 cases; Springfield, 1 case; Upper Sandusky, 1 case; Youngstown, 4 cases.

Typhoid Fever: Chillicothe, 1 case; Cincinnati, 3 cases, 2 deaths; Cleveland, 5 cases, 3 deaths; Columbus, 2 deaths; Coshocton, 4 cases; East Fairfield, 1 case; Elmore, 1 case; Middleport, 1 death; North Amherst, 2 cases; Shawnee, 2 cases; Springfield, 1 death; Upper Sandusky, 1 case; Youngstown, 5 cases.

Whooping-Cough: Coshocton, 2 cases; Iron-ton, 4 cases; Youngton, 4 cases.

Measles: Ada, 1 case; Cincinnati, 1 case; Coshocton, 3 cases; Iron-ton, 3 cases; Middleport, 3 cases; New Straitsville, 1 case; Shawnee, 1 case.

No infectious diseases reported to health officers in 19 places.

C. O. PROBST, M.D., Secretary.

As a reward for Prof. Koch's services in the interests of medical science the Emperor will probably confer a title of nobility upon him. He has already been decorated with the order of the Red Eagle.

In Memoir.

I. H. BAXTER, M.D.

We clip the following from the Newark (O.) *Advocate*, written by a warm personal friend of the late Dr. I. H. Baxter, Surgeon-General U. S. Army:

The news of the death of Dr. I. H. Baxter, Surgeon-General of the United States Army, reached our city on yesterday morning. He was stricken down with paralysis on Monday last in the city of Washington, and remained in a semi-comatose condition until yesterday, when death claimed him for his own.

He has been a commanding figure in medical circles in Washington for the past thirty years. He has occupied many important and responsible positions in the medical departments of the Government. He was chief medical Purveyor of the army for many years, and displayed great executive ability in its management. He was an occasional writer to medical periodicals, and some years since issued his great work in two volumes entitled "Medical Statistics of the Medical Purveyor's Office Bureau," which gave him much prominence. Not long since he was appointed to the exalted position of Surgeon-General of the United States Army, a position for which he was eminently fitted in every particular. It was when in the discharge of his official duties that he was suddenly stricken down with his last fatal illness.

He is known to a large circle of friends in this city, where he occasionally visited some twenty years ago. He was a genial gentleman, and elegance and repose of manner, as well as gentlemanly bearing, won for him many warm friends among us. The writer knew him most intimately, and admired him greatly not only for his high mental endowments, but also for his happy temperament, as well as sunny disposition. He was quick at repartee, a fine conversationalist, and was competent to hold his own among any or all of the refined persons with whom he was con-

stantly being thrown in contact at the Capital of the Nation.

The last time we saw him he seemed to be in the vigor of his manhood, and to all appearances had a long life before him. But as "death loves a shining mark," he is suddenly stricken down in the midst of his usefulness and manly vigor.

His death will be a great blow to the nation which he served so well and faithfully, and his bereaved wife and family have the sympathy of their many friends in this their hour of sorrow and deep affliction.

C.P.K.

MEDICAL MISCELLANY.

EMBALMING AMONG THE ANCIENT EGYPTIANS.

Dr. Grant Bey, in a recent paper (*Provincial Med. Journal*), describes the three methods of embalming practiced by the ancient Egyptians: The first and most expensive process (the cost was about £500) was as follows: The brain was carefully and effectually extracted by breaking into the skull through the nose, and some antiseptic, generally bitumen, was put in its place. An oblique opening, three or four inches in length, was made on the left side of the abdomen, commencing a little in front of the false ribs and extending obliquely downward and forward to the anterior superior spine of the ilium, and the cadaver was eviscerated by this opening, and the cavity filled with a composition of myrrh, cassia, etc. The intestines and other internal organs were washed in antiseptics, and packed into canopic vases with aromatic and antiseptic spices. The cadaver was now steeped in natron for seventy days, then washed and swathed in bandages, and thus handed over to the family. The second process, which cost £81 (10 minæ), was as follows: A substance called the oil of cedar was forced into the interior of the body through the intestines, a process which was said to have dissolved the internal organs, so that they could be removed without mutilating the body. The body was then steeped in a solution of natron

(native carbonate of soda) till the body shrivelled up, when it was taken out, washed and swathed in bandages. By the third process, which was inexpensive, the whole body was simply salted for seventy days or boiled in bitumen, and then given back to the friends.

CANCER OF THE STOMACH IN SWITZERLAND.

Dr. H. Hoeberlin, in the *Deutsches Arch. f. klin. Med.*, xliv, p. 461, finds that cancer of the stomach is encountered twice as often in Switzerland as in Berlin or Vienna. Among 2,500 persons, one will die each year from this disease; 1.85 per cent. of all deaths are due to it; and from 1877 to 1886 cancer of the stomach increased in the proportion of 100 to 165 for men, and of 100 to 158 for women. General cancerous diseases are more frequent in Switzerland than in Prussia, Vienna, or England, women being more subject to such diseases than men. Cancer of the stomach bears the proportion to the

total mortality from cancer of 31.9 per cent. in women and 51.8 per cent. in men; and in Zurich it is twice as frequent in women as cancer of the uterus, while in Vienna the contrary is true.

The influences of season, profession, city life, country life, or the wealth of the individual, seem to have no effect in preventing the disease. But it does seem that the use of cider and of acid wine increases the predisposition to cancer of the stomach. Heredity seems to have some influence, 8 per cent. of the patients observed having had parents die of cancer of the stomach. Possibly a bad condition of the teeth influences the development of gastric carcinoma.—*N. Y. Med. Journal.*

In the island of Maracaibo, which serves as a leper-colony, marriages are said to be permitted among lepers. During the last fourteen or fifteen years there have been two births amongst the lepers, neither child showing any symptoms of leprosy.

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THE
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A WEEKLY JOURNAL OF
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Original Articles.

**SIMPLE ABSCESS OF THE
LARYNX.**

A Paper read before the Academy of Medicine,
October 27, 1890,

BY

E. B. LA FEVRE, M.D.,
CINCINNATI.

Mrs. K., German, aged thirty-seven; occupation, vest making. First saw her on October 13, 1889, at which time she complained of sore throat and a feeling of general malaise; this trouble began about one week previous, and had gradually increased up to the time I first saw her. She had experienced chilly sensations almost every day, this being followed by fever. Thermometer showed a temperature of 99.5° at 11 o'clock in the morning; pulse 90 per minute. Her appetite was poor, the bowels were constipated, the tongue coated, and there was slight headache.

There was some little pain on swallowing, although not enough to bother her much; but on palpating the larynx on the right side considerable tenderness was elicited. She had a rasping, husky throat cough, on account of which she had obtained very little sleep for two or three nights. She was extremely hoarse at times, scarcely speaking above a whisper.

On laryngoscopic examination, tonsils, pharynx and larynx were highly congested and a bright, fiery red, and the entire surface covered with a stringy mucus. At the base of the epiglottis, on the right side, and extending over the right aryepiglottic fold, was a swelling about the size and shape of a small almond kernel; at the upper part and

toward the larger end of the swelling (the larger end coming about to the median line) was a small yellowish point about the size of two pin-heads. Not having any better means at hand, I took an ordinary steel wire, sharpened it at one end and curved it, and, after having thoroughly sprayed the throat with cocaine, I passed the wire down and punctured the membrane at the yellowish point, at which a drop of pus escaped. I then curved the end of my wire into a ring, and, passing it down, squeezed out several drops of pus and blood, which, dropping into the larynx, set up a violent fit of coughing, but it was entirely expectorated. My procedure might or might not have been crude, but I have the satisfaction of knowing that it was entirely successful, as the after-report will testify. I then insufflated the throat with iodoform and ordered the patient to apply a cold compress externally; also to suck cracked ice. Gave her a brisk cathartic and a mixture of opium, aconite and belladonna.

I saw her again the next day. She was greatly improved; had had a good night's sleep, had eaten a fair breakfast, but the throat was still considerably injected. Under the opium there was very little cough. Treatment was continued; also ordered a small quantity of whiskey. I saw her every day for a week afterward, at which time I discharged her as cured.

Five or six months afterward I had occasion to treat her for an attack of dyspnoea. At that time she had had no more throat trouble.

I examined very closely into her family and personal history, but could obtain no trace of syphilis or any other constitutional disease, she having three perfectly healthy children, and had

never had an abortion; so I think I am justified in my diagnosis of simple abscess of the larynx. Furthermore, I could find no cause for the abscess, unless it be that *abominable expression of ignorance*, "cold," as she lived on the ground floor of a tenement house which seemed to be damp, the surroundings being very unhygienic.

On attempting to read up the subject at the time, I searched through all of the books I was fortunate enough to possess, but could find nothing which I thought bore upon this particular case, and came to the conclusion that it was one of those cases (of which we find many) not found in the books; so I made a brief history and thought no more about the matter until I ran across an article in the May number of the *American Journal of Medical Sciences* for 1890, by Richards, of New York, and there found that abscess of the soft tissues of the larynx was one of extreme rarity; whereas abscess following perichondritis, the perichondritis being due to syphilis, cancer, phthisis, etc., is of comparative frequency. In none of the special works on diseases of the throat can I find anything on the subject except in Mackenzie's "Diseases of the Larynx" and Rühle's "Laryngoscopie," and these treat of it only in a very superficial manner.

The first case of laryngeal abscess placed on record was by Roland, in the thirteenth century. In tracing down the history we find cases reported by Cayol, Latham, Boyle, etc., but the reports of these are so indefinite as to be of no special importance only to historians, as it is impossible to tell from the reports whether they be one of simple abscess or one having its dependence upon perichondritic, syphilitic, phthisical or otherwise, and not until the time of Laennec do we gain much information from the recorded cases. Laennec placed on record two cases, both of which died, and the post-mortem examination showed them to be simple abscesses, the cartilages being in no way involved. And so a case here and there has been scattered through medical literature down to the present time.

Richards, in his article, states that he has been able to collect the reports of twenty-six cases in addition to the thirteen reported by Mackenzie. But, on looking up the reports of those twenty-six cases, I have not been able to satisfy my own mind that more than half of them were of the simple variety, for the reasons that the vast majority died and very few post-mortems were made. Most of the diagnoses were made before the days of laryngoscopy, and medical men did not then possess the knowledge of pathology that men of this day do; and, furthermore, the reports do not warrant a belief, or rather give no conclusive proof, that they were simple abscesses, and some are so meagre that one wonders whether it is a case of abscess or of something else.

Mackenzie states in his book that this disease is of extreme rarity, he only having seen thirteen cases in his entire experience, which, as every one knows, is about as large as any one man has ever had, and consequently only devotes about a page and a quarter to the consideration of this affection; he, too, probably being in the most favorable spot on the face of the earth for the development of such troubles. Rühle gives the subject a little more consideration, devoting probably six pages to it, and seems to think it of more importance than does Mackenzie.

Abscess of the larynx occurs more frequently in males than in females. In the twenty-six cases collected by Richards, sixteen occurred in males and nine in females.

Adults are more susceptible than children, the decade between twenty and thirty years showing the greatest number of cases, and the first decade the next greatest number. The youngest on record is nine weeks, and the oldest seventy-two years, not taking into consideration Morgagni's case, which is very indefinite, but the age is put at eighty-two years.

In the greatest majority of cases there is no assignable cause for simple abscess of the larynx. The inhalation of steam or of irritating gases, the acute infectious diseases, injuries, and

long-continued use of the voice, as in singing, scolding, or preaching, are given by authors as causes that may be productive of abscess of the larynx. A case is reported by Peterson where a negro preacher, having delivered a camp meeting sermon of two hours' duration, a part of it in a rain storm, developed an abscess. In two of the reported cases there had been a chronic laryngitis, abscess following an acute exacerbation. In children, by far, the greatest number of cases are a result of some one of the acute infectious diseases. Parry, in the *Philadelphia Medical Times*, for 1873, reports the case of a four and one-half month's old child, the abscess following erysipelas of the buttocks.

Abscess of the larynx is most frequently located at the base of the epiglottis. In Mackenzie's cases six were at the base of the epiglottis, four on one of the ventricular bands, and in three instances one of the aryepiglottic folds was the seat of the disease. Although it may occur in any part of the larynx, these are the most frequent. In a case reported by Rühle the abscess formed externally and was evacuated by incision through the skin.

The constitutional symptoms are such as one would expect to find in the formation of an abscess in any part of the body: general malaise, chills or chilly sensations, followed by increased temperature, headaches, loss of appetite, etc.

The local symptoms begin with hoarseness and dryness of the throat, pain, especially on deglutition, and the voice tires very quickly; cough of a dry rasping character, and there may or may not be small quantities of mucus expectorated. There may be a noticeable swelling externally, depending on the size and location of the tumor; considerable pain can generally be elicited by pressure around the larynx, externally, and if the abscess is sufficiently developed, fluctuation may be obtained. If these be present they are of great aid in clearing up the diagnosis.

Dyspnœa is generally an early and prominent symptom, especially in children, the amount of dyspnœa being

dependant upon the situation and size of the swelling, although in the adult, as in my own case, an abscess of small size may produce absolutely no difficulty in respiration. So much for the symptomology as it occurs in adults.

In children the symptoms are somewhat different, and I think I can do no better than quote Richards *verbatim et literatim* as he puts it so prettily. He says: "The child may be first noticed to have some difficulty in swallowing, deglutition of solids being more troublesome than the swallowing of liquids; if an infant, it will be unable to nurse, or on attempting to swallow there will be a spasmodic closure of the glottis with return of fluid through the nose and mouth, or the child will cry whenever nursing is attempted, absolutely refusing to take the breast. Accompanying or sometimes preceding this, is difficulty of breathing, constant, or increasing gradually in severity. This state of constant dyspnœa is frequently interrupted by spasmodic attacks of dyspnœa, brought on by exertion, attempts at deglutition, or any irritation, or sometimes without any apparent cause. The face becomes dusky, eyes prominent, lips much cyanosed, respirations rapid, thirty to fifty per minute, and accompanied by recession of the soft parts of the thorax and epigastrium during inspiration; in fact, all the signs of laryngeal obstruction are present; each inspiratory effort causes well-marked stridor, while expiration is comparatively easy and noiseless. Orthopnœa is frequently present, the child sitting up in bed, and crying if disturbed; or, if any attempt is made to place him in the recumbent posture, starting up in an access of intense dyspnœa. There may be retraction of the head, and rigidity of the muscles of the back of the neck. Cough of a hoarse, but not brassy character, was present in over one-half the cases tabulated. In one case it was spasmodic. There is apt to be aphonia, more or less complete; generally the voice is simply weak. Hoarseness is occasionally present.

"On examination there is no faucial or pulmonary lesion to account for the symptoms, and as the mirror cannot be

used, the finger must be introduced, when the abscess, if supra-glottic, may be felt. The examination will probably cause a severe attack of dyspnœa. In many cases, in children, there is a swelling visible, or apparent to the touch, at one side of the larynx, near the anterior border of the sterno-mastoid, or in front of the larynx. When present it makes the diagnosis easier."

By laryngoscopic examination the pharynx and larynx will be found to be highly congested (unless the swelling be very much localized, as has been noticed in a few cases), and the mucous membrane swollen and extremely injected as far down as the eye can reach; a swelling will also be noticed in some part of the larynx encroaching upon and occluding the passage; this may be difficult of differential diagnosis unless it has reached the stage of pointing, in which case a yellow spot can be seen that cannot be mistaken for anything else.

Cysts could scarcely be mistaken for abscess, on account of the lack of redness and ramification of blood-vessels on the surface, and because of the slowness of their development.

Abscesses due to perichondritis can be differentiated by the history and by the probe, the probe showing roughened cartilages.

There is not much trouble in separating croup from abscess, croup coming on more suddenly and asserting itself with more intensity and gravity as regards the constitutional symptoms; besides, on laryngoscopic examination, the two have nothing in common unless it be the entire involvement of the throat; and, furthermore, a false membrane can be found, as a general rule, in croup.

"The prognosis is extremely grave," says Laennec.

Mackenzie says: "The prognosis is very favorable, if seen early."

"The prognosis is not very good at best," says Richards.

So we see that various authors vary very much as regards the prognosis of this disease, each one basing his opinion upon the number of cases he has seen, but more particularly upon the number

of those cases that have proved fatal at his hands. As medicine advances and assumes a more scientific aspect, the prognosis must be made better in this as well as in all other affections to which the human body is heir.

From my study of the subject, I should not say that abscess of the larynx is a grave disease in this day, especially if, as Mackenzie puts it, it be seen sufficiently early. Now this applies more particularly to adults than to children, for in children the prognosis is rendered somewhat more grave for several reasons: In the first place, it is more difficult of an early diagnosis, the reasons for this being apparent to every one and needing no comments; secondly, in the great majority of cases it follows one of the acute infectious diseases, the latter leaving the child in a weakened condition and not so well able to withstand the process of suppuration, this seldom or never occurring in adults; and lastly, but not least, the physician is often unable to obtain the consent of the parents to make an early tracheotomy, upon which so much depends, but must wait until the child is *in extremis*.

The immediate cause of death in those cases which have resulted fatally has generally been asphyxia, the swelling either increasing and occluding the air-passages, œdema of the larynx or epiglottis, or the sudden spontaneous rupturing of the abscess, the pus blocking up the trachea, etc.; all of which should be prevented at this day and age by proper medical and surgical measures, although some cases are reported which died of adynamia, one, a child, having had small-pox, and not having enough vitality to overcome the depression consequent upon the prolonged suppuration.

The treatment is both medical and surgical. If seen before the abscess has completely formed, means are indicated which will hasten the formation of pus, such as fomentations, poultices, etc., and as soon as the abscess has formed evacuate the pus. But in the case of children we sometimes cannot wait for the abscess to point on account of the dyspnœa; then tracheotomy is evidently

and immediately indicated, and then wait for pointing, either incising it or allowing it to burst spontaneously. After the abscess has burst, or the pus been evacuated by incision, either hot fomentations or cold compresses are of decided value in hastening resolution.

My experience has been that after the pus has escaped from an abscess in any part of the body, cold is more grateful to the patient than heat, and cold seems to answer as good a purpose, although, theoretically, heat would be best; and then, if cold be applied here, it can also be used internally as well as externally, in the shape of cracked ice, having the patient simply hold the ice in the mouth and allowing it slowly to dissolve.

Soothing inhalations are advised by some, but it seems to me that cold properly applied, as indicated above, would be the best.

The next thing of importance is a highly nutritious liquid diet, and to this it is well enough to add small quantities of an alcoholic stimulant, the amount of stimulation depending entirely upon the patient's general condition.

Then Bartholow's old prescription of equal parts of the tinctures of aconite, opium and belladonna seems to exert a highly beneficial action upon all the respiratory mucous membranes in all acute inflammatory troubles. For an adult three to five drops, given every three or four hours, is sufficient, although more opium than this mixture contains may be necessary to completely allay the irritation consequent upon the inflammation; and I think it is the part of wisdom to keep the parts as completely at rest as is possible, as the coughing only tends to maintain the determination of blood to the throat, so the less coughing and talking indulged in the more quickly and completely will be the recovery.

If the bowels are at all constipated, it is well to administer a brisk cathartic and then keep the bowels in a soluble condition.

In children it is well to make an early tracheotomy unless you be very near at hand, as there may be œdema

of the glottis or larynx suddenly developed, and in that way suddenly lose your patient when you are least expecting it. It is also well not to let the wound heal and allow the patient to resume breathing through the natural channels until the throat has almost entirely recovered, for there is liability, even at this stage, of œdema appearing on very short notice and carrying off the patient when he is on the highway to recovery.

This is a general outline of the treatment to be pursued in these cases, but, as each case varies, each must be treated according to its own indications. Under proper treatment, an abscess of the larynx should not be longer than from four to ten days in developing, nor from eight to fifteen days in recovering. But it must be expected that some of these cases, especially in weakly children, will die in spite of all that we can do.

[FOR DISCUSSION SEE P. 742].

INTUBATION WITHOUT THE USE OF EITHER THE GAG OR . EXTRACTOR.

Dr. Bell (*Journal American Medical Association*) has performed intubation over a hundred times, and has done so without using a gag. When the child opens its mouth he passes the left index-finger quickly into the mouth, and behind the root of the tongue. Gagging follows, and the larynx at once rises to the waiting finger. At this moment the tube is introduced with the right hand. There is no biting, after the finger is thrust into the pharynx, but the finger may be protected with adhesive plaster. The advantages claimed are that the operator does not need an assistant, and that the child is not excited, nor does it dread a repetition of the operation. In removing the tube Dr. Bell grasps the larynx externally with the fingers, and so presses the tube out of the larynx up to the fauces, and hooks it from the mouth with the finger. He, however, usually leaves the thread in the tube, and attaches it to the cheek to facilitate extraction.

A NEW FORM OF INTUBATION - TUBE FOR THE LARYNX.

A Paper read before the Cincinnati Medical
Society, November 11, 1890,

BY

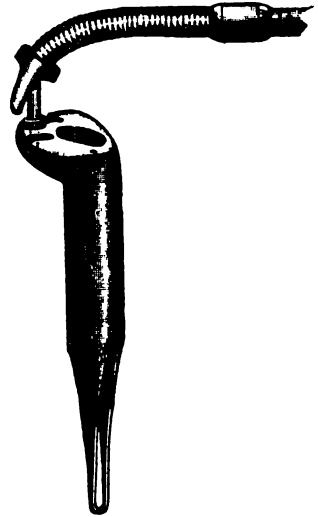
F. O. MARSH, A.M., M.D.,
CINCINNATI.

The operation of intubation of the larynx, though most simple in itself, yet, like many other manipulations in medical and surgical practice, often becomes most difficult from the circumstances surrounding it. If, for instance, in the introduction of the female catheter by the sense of touch alone, the life of the patient depended upon the manipulation being successful, within a very few seconds the affair would become a very different matter from what it is. While in the hands of a skilled specialist with an abundant experience the operation of intubation is as neat and swift as it is effective, yet in the hands of the general practitioner with but limited or no previous experience it may become most trying to the operator, and even dangerous to the patient. It is fair to presume that accidents and failures have been much more common than published records would lead us to suppose.

Having had occasion to perform intubation several times without encountering any special difficulty, I had come to approach the operation with considerable confidence. Upon one occasion, however, for some reason which I have never been able to explain to myself, I was utterly unable to introduce the tube. The sense of humiliation and disgust was only compensated for by the fact that the little patient, although apparently *in extremis* at the time the operation was attempted, proceeded thereafter to an uninterrupted recovery. This experience led me to consider if possibly some modification of the instrument itself might not facilitate the operation and reduce the dangers.

The construction of O'Dwyer's instrument is too well known to the profession to need description. One difficulty which I have always experienced,

and have heard mentioned by other physicians, is in removing the central stem, or obturator, of the tube after it is in the larynx. It is always necessary to be somewhat rapid in this part of the manipulation, in order to determine positively if the tube be in the larynx, and if so, that the child may at once get the benefit of it. If the correct movement is not executed the tube is very apt to be dragged out with the obturator, and this may happen repeatedly, to the vexation of all concerned.



The proposed modification of O'Dwyer's tube, as will be readily seen from the cut, is briefly this: The lower half of the tube, commencing at the enlargement, is bevelled off smoothly anteriorly and posteriorly, and the two prongs thus formed are closed at the bottom by a loop of wire sufficiently thick to obviate the danger of forming a false passage with any reasonable degree of force. The loop presents transversely to the chink of the glottis during introduction. A few experiments on the cadaver seemed to show that a wire loop of this kind, as, for instance, the blunt end of a hair-pin, transverse to the vocal cords, will enter the larynx quite as easily, or even more readily, than if the loop were presented parallel with the vocal cords, in which latter position it is more liable to catch in the pocket or ventricle on each side of the cords. The obturator being thus done

away with, the tube is attached to the introducer by replacing the short screw, which usually enters the superior extremity of the obturator by a slightly conical peg, which is closely fitted into a hole drilled in the posterior flange of the tube, as shown by the dotted line in the cut. The two notches on each side of this point were originally intended to slip the prongs of the sliding lever into, in order to prevent the tube from turning on the peg, but have been found unnecessary.

In the above construction it was found convenient to substitute the rod carrying the screw mentioned by an entirely different one, with a peg turned at the end. The same introducer can thus be readily made to serve for either form of tube. The whole tube is pitched a little forward, which is thought to be no disadvantage, as it is more apt to escape the œsophagus.

The special advantage claimed for this modified instrument is that the instant the tube enters the larynx the child should begin to breathe, the tubular breathing at once notifying the operator if it is in the right place. The withdrawal of the introducer is attended with less difficulty and need not be done hastily, as its presence in the throat does not interfere with the breathing of the child. This was illustrated in the only case in which I have tried this theory practically, where, owing to some maladjustment, the whole metallic part of the introducer was pushed out of the wooden handle in attempting to slide the lever forward, and about two minutes were occupied in withdrawing the rest of it, during which time the child continued to breathe freely. This case was cyanotic and *in articulo mortis*, but revived and lived about sixteen hours.

Experience with this instrument is altogether too limited to speak with any degree of confidence as to the ultimate value of the modification, but the idea is freely offered for suggestion and criticism.

The most valid objection which seems to have been suggested is the possibility, not of the point of the tube carrying membrane before it, but of

insinuating itself between false membrane and the wall of the trachea. This does not seem to have occurred, however, in the single case mentioned.

One point in the construction of intubation-tubes can be urged with much confidence. Some manufacturers have shown a tendency to diminish the calibre of the opening. Any encroachment of this kind should be most jealously guarded against, as, aside from the original interference with the air-supply to the lungs, the tendency to become blocked up increases enormously as the calibre of the tube diminishes.

646 Main Street.

IMPROVED EVACUATING TUBE FOR LITHOLAPAXY.

BY

J. G. KERR, M.D.,
CANTON, CHINA.

Since the introduction of Bigelow's apparatus for removing *débris* of broken calculi from the bladder, litholapaxy has been accepted as one of the great improvements of modern surgery.

Having had occasion to use this apparatus frequently in the Medical Missionary Society's Hospital, in Canton, I have observed with much interest the various modifications of Dr. Bigelow's instruments which have been proposed as improvements. There is, however, seems to me, a serious defect in all the forms that have come under my notice, in that the fragments had to traverse so great a distance in the evacuating tube before reaching the point at which they fell into the receiver, and as a necessary consequence all that had not reached this point were forced back into the bladder when pressure was made on the bulb.

With a view of remedying this defect, I requested, in 1882, Messrs. Tieman & Co. to make for me two evacuating tubes, simply bent at right angles near the middle. The object I had in view was to bring the point at which the fragments fell as near the bladder as possible, and thus diminish the amount of *débris* to be forced back by the working of the suction bulb.

These tubes answered the object, but in 1886 I had tubes made after the pattern represented in the figure, which do much better. When in position, the outer half of the tube is so nearly perpendicular, that when the fragments reach the curve in the tube, a distance of say six inches from the point of entrance, they fall into the receiver, and, of course, only such as are in the inner half of the tube are forced back into the bladder.

A comparison of the figure, here given, with the figures of Dr. Bigelow's apparatus, or of the improvements of Sir Henry Thomson, will show at a glance, the great saving of distance to be traversed by the fragments, and the gain of at least double the amount evacuated at each pressure of the suction bulb.

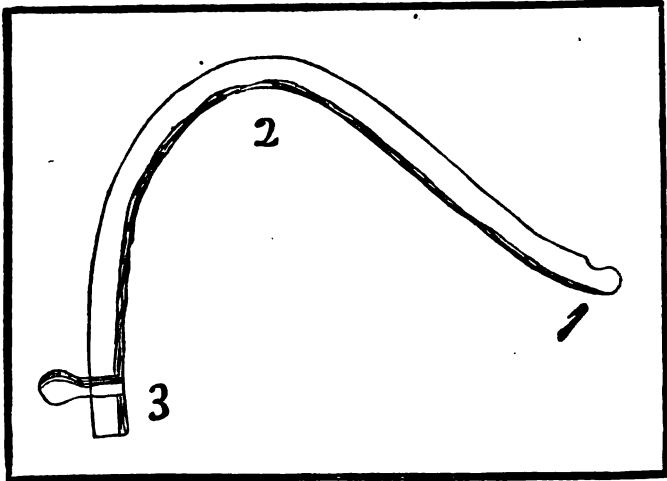
The adoption of the simple curve at the middle of the evacuating tube removes the necessity for the complicated apparatus devised by different surgeons and reduces the instrument to the utmost simplicity.

The reason this improvement was not made long ago, is that surgeons overlooked the fact that the penis is a flexible organ.

For litholapaxy in the female the inner end of the evacuating tube need be only half the length of that used for men.

MEDICAL students in London are compelled to go through a course of four years' study, hospital attendance and lectures, before being qualified to appear for the final examination. By an order of the General Medical Council of England the term of preparation has been extended to five years.

CARLYLE well says: The great central truth of this century is *to know your business and to do it*. This will bring success.



ABDOMINAL SECTION FOR THE REMOVAL OF OVARIES WITH THICKENED TUNICS.

A Paper read before the Cincinnati Medical
Society, December 2, 1890,

BY

C. A. L. REED, M.D.,
CINCINNATI.

The case that I am about to report represents a class which usually subjects the operator to adverse criticism by the ordinary casual and careless spectator. The specimens such as are shown here are the ones that usually prompt the guest in the operating-room to say that "the ovaries were healthy," and that "the operation for the removal of the appendages is sadly abused." The criticisms are usually prompted no less by honesty than by ignorance. The fault, however, is generally with the unfortunate operator himself, who permits his guests to depart without having had the specimen first demonstrated to them. I now watch this point, and, as a consequence, I am no longer embarrassed by the criticisms, echoes of which used to sometimes reach my ears.

This was the case of a woman, thirty-two years of age, who has been a bed-ridden invalid for fourteen years. She had persistent pelvic pain, with serious exacerbations at each menstrual epoch. She had marked dyspareunia, and was sterile. When I first saw her with my

friend Dr. Magee, of Rushville, Ind., I found marked tenderness, with tumefaction, above either fornix of the vagina. This fact, connected with the history of the case—a history of persistent invalidism for nearly a decade and a half, and involving the names of nearly half a score of doctors—led me to concur with her attendant in advising abdominal section. This was done in the private department of the Cincinnati Free Hospital for Women on November 22, in the presence of Drs. MaGee, Carpenter, Hall and Glaeser. The operation was entirely without incident.

The specimens here exhibited show three striking peculiarities, viz.: (1) enormous thickening of the tunica vaginalis; (2) general aggregation of unruptured follicles of De Graff just beneath the tunic; and (3) complete absence from each ovary of the so-called corpus luteum of menstruation, more properly of ovulation.

Each of these three features can be dwelt upon with some amplification. In my experience a thickened tunic of the ovary is not at all rare. In the normal organ this envelope, primarily of peritoneal origin, amounts to but a layer, hardly continuous of squamous epithelium, lying upon a mucilage-like layer of connective tissue. In the specimens before you no microscopic section is required to demonstrate an entirely different state of affairs. The tunic is here thickened until it can be almost measured by a rough scale, and is so inelastic as to offer material resistance to palpation of its cut edges. It would seem by putting the ball of the thumb against the cut margin as if the ovarian stroma were contained in an envelope of parchment. As I have already stated, this is not a rare condition. I find it in almost all cases in which extirpation of the appendages is undertaken for the relief of pelvic pain, but in which gross lesions of the ovary cannot be detected before exploratory incision. I have had a number of sections made of specimens heretofore removed, as I shall have of those now before you, and in every instance I have had a confirmation of what you must conclude from the macroscopic appearances here presented.

The aggregation of unruptured follicles at the periphery of these organs is but a natural sequence of the condition just described. These follicles mature in the normal way, and are propelled by the fibrillated stroma to the surface, but they cannot rupture because of the resistance offered by the leathery-like tunic. Fatty degeneration, beginning, no doubt, in the membrana granulosa, ensues, and results in breaking down the entire follicular contents—a change which is expressed in the homogeneity of the fluid contained in these unruptured sacs. One after another of these follicles is crowded to the surface, until the condition is produced which is to be observed in the little specimens presented to-night.

The absence of the corpus luteum of menstruation, or rather of ovulation, is a secondary consequence of the condition of the tunic. The failure of the follicle to discharge its contents physiologically, or, indeed, in any other way, of course precludes the possibility of those retrogressive changes which produce corpora lutea.

We have in these pathological conditions a complete explanation of the clinical features of the case. The studding of the ovarian stroma with unruptured follicles cannot but produce extreme pressure upon the terminal nerve filaments, and thus induce severe pain; and when, added to this intra-ovarian pressure, we have to take into account the menstrual congestion of these organs, we can readily understand why the persistent pain within the pelvis should be attended with monthly exacerbations.

The sterility of this and similar cases is accounted for by the complete arrest of ovulation.

The case has an interesting bearing upon a theory yet current to a limited extent, that menstruation depends upon ovulation. This woman, like some women from whom the ovaries have been removed, menstruated regularly, yet it is clear that she did not ovulate. The interdependence of the two functions is therefore disproven. The old expression of "the corpus luteum of menstruation" must give way to the

more scientific one of "the corpus luteum of ovulation."

I beg to state, in conclusion, that in their results these cases are among the most satisfactory of any that I operate upon.

FIBROIDS OF THE UTERUS.

WITH REPORT OF CASES.

A Paper read before the Cincinnati Medical Society, December 2, 1890,

BY

RUFUS B. HALL, M.D.,
CINCINNATI.

CASE I.

Fibroid Tumor Removed by Supra-Vaginal Hysterectomy; Recovery.

Mrs. B., aged thirty-two. I was first called to see the patient with her physician, Dr. C. B. Van Zant, of this city, the last part of May, 1890. She was well nourished, short of stature, and rather fleshy; mother of one child, born April 4, 1890. She gave a history of suffering a good deal of pain after the fourth month of gestation, which grew gradually worse up to the time of her confinement. She did not call a physician until after her child was born, and he was then called to remove a retained placenta, which the midwife failed to do. He at once removed the placenta, and at that time discovered the tumor, which occupied the upper right side of the abdomen and was fixed so it could not be moved about. The tumor appeared to be about the size of an adult head, and was attached to the uterus. After her confinement she continued to suffer as much pain, or even more, than during the period of gestation. It was for that reason I was asked to see her. I could not make a positive diagnosis, but was much inclined to believe that the tumor was an enlarged kidney, yet I was at the same time ready to admit that it might be a fibroid of the uterus. I advised an operation for the removal of the growth, as it was growing rapidly since her confinement and caused so much pain.

She entered the Cincinnati Free Hospital for Women June 17, and on

the 19th the operation was made, in the presence of her physician and the Hospital staff, and the tumor here presented removed. The tumor measures seven and one-half inches in length by six and three-fourths inches in width, and weighs six and one-fourth pounds. It is an "œdematous myoma." The structure of the growth is unusually soft even for that form of growth. It sprung from the uterus, which was so much involved in the growth that it was removed with the tumor. The ovaries were also removed, and you will observe that they are both cystic, one containing a cyst larger than a black walnut—a common condition in fibroids. The tumor was firmly adherent to the abdominal wall over its upper portion, and had firm omental adhesions. When the tumor was exposed it was so soft and its external appearance was so much like an ovarian cyst that I was certain it was one. Acting upon this supposition, I tapped it with a large cyst-trocar before I would believe it was not an ovarian cyst.

I relate this incident because it is true, and, again, to illustrate the difficulty of a *certain* diagnosis in abdominal growths, even by men who are engaged in this branch of surgery. I have more than once witnessed similar mistakes by the best known operators, and it is a well-known fact that the men who are doing the most work are the men who are the most cautious in their statements regarding their diagnosis in obscure cases. While, on the other hand, the electrician always makes a correct diagnosis! He is spot sure of it every time! He tells us it is easy, that you must not treat pus-tubes by electricity, etc., all of which appears very nice; but the fact remains, nevertheless, that the electrician makes his blunders in diagnosis as often, or even more often, than the surgeon. And right here I want to say that I am beginning to doubt his diagnosis in many of his so-called cures of fibroids of the uterus by electricity. It is impossible, even after the abdomen is opened and the growth is removed, to say just what it is or what it contains until it is cut open in many of these cases. This fact

s well illustrated by the pus in the ovary in the following case.

CASE II.

Removal of the Appendages for Relief of Hemorrhage from Fibroid Uterus; Recovery.

You will observe that the ovary is three or four times the normal size, although it has been in alcohol for many weeks. The opposite ovary, you will observe, is cystic and enlarged, while the one first mentioned is more than half destroyed by an abscess. The cavity is filled by thick pus, as you may see, as I have not as yet turned it out. Abscess of the ovary was not suspected in this case before the operation; in fact, it was believed to be a cystic ovary until it was cut open, exposing the pus.

These specimens were removed from Miss R., aged thirty, August 27, 1890, at my "Home," to check the bleeding caused by a fibroid tumor in the posterior part of the uterus, about the size of the closed hand. She had menstruated too freely for three or four years, and had been confined to her bed for seven months just preceding the operation. During the entire time there was scarcely five days in the month that she did not lose blood. She had formerly weighed 147 pounds, but at the time of the operation weighed only 120 pounds, and was very anæmic. The bleeding continued for three or four days after the operation, but she has not lost a drop of blood since, and is rapidly regaining her strength.

I present these specimens to-night together, as they illustrate the two recognized surgical procedures for the treatment of uterine fibroids. The first case was not a case for the removal of the appendages—which would not have relieved her in any way. Although she recovered and is now enjoying good health, she did not have as easy a convalescence as the second case. The second case was the ideal one for the removal of the appendages, and it has cured her just as effectually as the more grave operation would have done, with the minimum amount of risk.

CASE III.

Removal of the Appendages for Relief of Inflammatory Disease.

The third lot of specimens presented are the tubes and ovaries, removed yesterday morning (December 1) although it would be difficult to recognize them as such, owing to the fact that the adhesions were so firm and were in such a diseased condition that they were torn almost to shreds in removing them.

The patient was Mrs. K., aged twenty-six; married four and a half years; one child, three and a half years old. She has been in poor health since the birth of this child, suffering constant abdominal pain, referred chiefly to the left side. She has had sudden and severe attacks of abdominal pain two or three times a week for the past six weeks, which would compel her to go to bed for a day or so. Each attack left the abdomen sore and tender. She was losing flesh and strength. An examination revealed a mass to the left of the uterus the size of a large orange, which was very tender to the touch. At the operation I found the sac the size of an orange and firmly adherent, and which burst before it could be removed. The sac contained *dark-colored* fluid and *pus*, also this *dark-colored* body which I present, with the sac. The sac proved to be the ovary, much enlarged. As you see, the tube is intact. Whether this *dark-colored* body is a blood-clot or the remains of an extra-uterine pregnancy is a difficult matter to determine, and I will not attempt to do so until a section is made and examined. The opposite ovary was cystic and bound down by adhesions, and was removed. The patient, so far, is doing well, and I have no doubt will recover.

CEPHALALGIA.—Prof. Weir Mitchell has shown that tincture of eucalyptus given in doses of five drops, in gelatin capsules, four to six times daily, is very efficacious in headache. This treatment gives peculiarly satisfactory results in cases where there is cerebral congestion.

—*L'Union Medicale.*

PYOKTANIN:

CLINICAL OBSERVATIONS AS TO ITS
VALUE IN OPHTHALMIC
PRACTICE.

A Paper read before the Cincinnati Medical
Society, December 2, 1890,

BY

C. R. HOLMES, M.D.,
CINCINNATI.

I desire to add my mite to the rapidly accumulating reports as to the value of pyoktanin in the treatment of conjunctival and corneal affections, for some of which, according to *Merck's Bulletin*, one would suppose it to be a specific.

After a careful trial in the ophthalmic department of the Cincinnati Hospital, where my interne, Dr. M. B. Brady, kept daily records of our observations, I am forced to give it as my opinion that, so far as its therapeutic value is concerned, it is *inferior to remedies already at our command*, besides having the great objection that it stains the lids, fingers and clothing of those who handle it, especially when the stronger solutions are used—certainly a serious objection in private practice.

As a rule, all new remedies find, for a time at least, a number of defenders, who cannot praise loud enough the wonderful virtues of their new pet. As we all know, very many diseases do better for a short time when one remedy is substituted for another, even though the latter remedy be found, in the aggregate, to be inferior to the former, as is frequently demonstrated in the treatment of any chronic disease; but sooner or later the good effect begins to wear off, and we must fall back on the old reliables, or single out another new one.

Dr. Cheatham, of Louisville, reported upon this drug in the LANCET-CLINIC of November 22, and Dr. Adolf Alt, of St. Louis, in the October number of the *American Journal of Ophthalmology*. Dr. Cheatham appears to have had much better results than Dr. Alt. The latter states that he "has been greatly disappointed in its efficacy," and that he "has not found

pyoktanin any better, or perhaps even as good, as the bichloride of mercury." Dr. Alt experimented with the methyl-violet in solutions of 1 to 2,000, 1 to 1,500, and 1 to 1,000.

Prof. Stilling has lately stated that to be effective the drug should be used in strong solution.

My observations were made with the yellow variety, and in strengths of 1 in 1,500, 1 in 1,000, 1 in 500, and 1 in 100, according to the directions in *Merck's Bulletin*. It was tried in the following affections: Blennorrhœa neonatorum, acute catarrhal conjunctivitis, follicular conjunctivitis, granular conjunctivitis in all its stages, phlyctenular conjunctivitis and keratitis, ulcers of the cornea, interstitial keratitis, etc. In none did it cause severe pain, and in about 50 per cent. none beyond the irritation of any mild astringent solution dropped into the conjunctival sac.

In blennorrhœa neonatorum the cases did badly, and it became necessary to abandon it for the standard remedies.

In acute catarrhal conjunctivitis it soon irritated the conjunctiva, causing greater hyperæmia. In chronic catarrhal and granular conjunctivitis it did well at first, but prolonged use brought about a reaction, and it became necessary to abandon it.

Ulcers of the cornea, for which it was supposed to be a specific, were not controlled by it, and we were only too glad to return to the galvano-cautery and other remedies.

Two cases of acute granular conjunctivitis with slight pannus were progressing favorably when the new treatment was instituted. In a few days they began to do badly, and, although the treatment was stopped and soothing remedies applied, they went from bad to worse; a thick pannus developed, and their condition was worse than when they first came to the hospital. As they were in separate wards, and as the treatment was begun and the inflammation developed at the same time, it is not likely that the relapse was due to cold or other external causes besides the treatment.

There is one condition for which it has been highly recommended, so far as

table life, and that water is oftener the I know, by all who have tried it. I refer to inflammation of the tear-sac. I have not tried it in these cases, but shall surely do so. It has also been highly spoken of as a disinfectant for sutures, but, as I have for the past two years always boiled my instruments and sutures, I have no occasion to use it for that purpose.

So that, altogether, my experience with pyoktanin has not been satisfactory; however, further experience may prove it of value in a limited class of cases, particularly those where there is a suppurative process going on, as it certainly is a very powerful anti-germicide. Experiments demonstrating that were carried on by Dr. Leonard Freeman in the bacteriological laboratory. Bichloride and pyoktanin appear to be about equally effective in arresting the growth of pus-cocci, yet it is claimed that pyoktanin is superior, as it penetrates into the plasma and cells, while the sublimate precipitates on the enveloping membrane.

[FOR DISCUSSION SEE P. 743.]

THE TREATMENT OF BURNS.

Bardleben treats burns after the following plan. The injured part is first thoroughly washed with carbolic acid solution from 2½ to 3 per cent., or with a solution of salicylic acid about 3 in 1,000. All the bullæ are then punctured and the serum allowed to escape, after which the whole part is thoroughly dusted with finely powdered nitrate of bismuth, and a thick layer of cotton wool applied. The latter is changed whenever it is impregnated with the discharges from the wound. If the burn is a very extensive one, the powdered bismuth may be set aside, and a bismuth ointment used instead. The author affirms that with this dressing cicatrization proceeds rapidly, and there is less discomfort than when any other dressing is employed. Despite the large quantities of bismuth that have been applied no toxic symptoms have been noted in consequence of its use.—*Med. Press and Circular*,

Correspondence.

TREATMENT OF ECZEMA.

N. LEWISBURG, O.,
December 15, 1890. }

Editor Lancet-Clinic:

DEAR SIR: In glancing over the article "On the Nature and Treatment of Eczema," in the LANCET-CLINIC of December 13, 1890, I am forcibly impressed, not by what it contains, but by what it lacks. The discourse on the nature of the disease is certainly in the light of our present knowledge, right to the point, but as to the treatment there is on my part a difference of opinion.

About eight years ago I learned, accidentally, that the thing to treat eczema with was pine tar. Alcohol is a good preventive, and is also serviceable in bringing the skin to a healthy state after and during the course of a treatment with tar and cerate or some other menstruum in the following proportions:

R Oil pine tar,	3 j.
Vaseline,	3 j.

It may be that I do not meet with such cases as the various writers talk about, but certain it is that such cases as I do meet with, some of them having been the rounds of many physicians and of years standing, have yielded to this treatment like magic. It is certainly as much of a specific as sulphur with scabies, at least in my hands, and the cases I have treated must number in the hundreds, though I have not pretended to keep account. I do not call to mind an instance of a single failure.

The same effects may be obtained in a less satisfactory way with turpentine or resin.

I prefer simple cerate to vaseline as a mixer, but that does not matter much; only *do not use glycerine*, as that seems to do the disease nearly as much harm as water. In most cases it is necessary to forbid the use of water, using alcohol or whisky to cleanse.

My belief is that the disease is caused by some form of animal or vege-

agency through which it is transmitted than any other; but this is largely speculative with me. I get great satisfaction out of curing it anyhow.

The treatment is very useful around old ulcers, particularly varicose ulcers where eczema is prone to be, and it often happens that half the difficulty can be removed by curing the eczema. Also, the antiseptic action of the tar-oilment is very useful to the ulcers.

The use of pine tar as an antiseptic has been very much overlooked. I have hastily penned the above, because I never see the remedy spoken of either in text-books or journals; while with me there is no remedy in any disease that I can count on with such certainty as this one in eczema.

Very respectfully,
D. R. EMMONS, M.D.

QUACKS IN THE MEDICAL PROFESSION.

COLUMBUS, O., Dec. 10, 1890.

Editor Lancet-Clinic:

Quackery, as Professor Dan Millikin well said, is not so much a deficiency in knowledge, as a proficiency in trickery, dishonesty and lying. The profession is crowded, the accessions from the schools each year increase the competition, and the unsuccessful and unworthy resort to quackery. These charlatans, culls, quacks, or knaves, are found in the ranks of the old, young, intelligent and ignorant members. Many of these mongrels have sheepskins from some medical college which they use as an officer would his jewel, to indicate their place and position, as their brains and integrity never would. They may be seen on the street, at places of resort, and about their office doors, bowing and scraping to the populace, ready to run in any, being assisted by some old ignorant women, from whom they can wrench a dollar.

Always prepared to cure all the ills flesh is heir to with some never-failing remedy, making the most solemn and positive promises to that effect with lies written on every feature of

their face, and sparkling in every expression of their eyes.

If they have a case it is sure to be on the verge of death, then their timely arrival saved that precious life. Or if called, as called they will be at times, in consultation, they will wince, twist and writhe, like a monkey hanging by the tail from a rope, and by some hook or crook, if possible, steal the patient, traduce the attending physician, then stalk about the place with all the pomposity of a caged beast.

"These contemptible coxcombs, who have a diploma and wear a No. 6 hat," are confined to no particular school, but like the plagues of Egypt, or the infection of an epidemic, permeate and contaminate them all.

The Allopath, Homœopath, and Eclectic, each have their *anguis in herba*, protruding the forked tongue, emitting their slime and filth, and though they have a polished exterior, and sharp eyes, the poison of their fangs is as deadly, as if they wore the warts and scales of other animals.

The only query is how such self-conceited, untruthful, intemperate, deceptive and sensual persons can have any practice or influence, how they can maintain any business, much less interfere with or injure the worthy and well-qualified physician. They succeed, first and last, by bringing their dishonesty, trickery and lying to bear on the ignorance, credulity and superstition of the laity by hawking their own praises as a vender would his goods.

Those not reached in this manner are caught in the meshes woven by these hypocrites in societies and churches which they use for this purpose and this alone. These curs would sell their souls to the devil, not for a mess of pottage, but for position and money.

But why arraign these followers of Paracelsus? Why trouble or concern ourselves about them? Why herald facts already known? Why talk of a subject so familiar and so well understood with seemingly no relief or redress?

Because they are a part of the medical profession, recognized as doc-

tors, and belong to the local and state societies; because they can do their pernicious work with more effect in, than out of the fraternity; because they are blotches and ulcers, defacing and degrading one of the grandest of callings; because they have disregarded and dishonored every obligation taken by or required of them; because the medical profession is responsible for their conduct so long as it recognizes, assists, and retains them. Therefore it should use every effort, should exert every force, incessantly, until these lepers are reformed or ejected.

DR. INGERSOLL.

[If the author of the above communication has positive knowledge of such men as he describes, and who have a standing in membership in local and state medical societies, it is his bounden duty to inform the censors or judicial committees of such societies, furnishing tangible evidence that will stand the fire of an examination, and in this manner purge the societies and the profession of those whom he describes. A communication in a medical journal of such a condition of affairs, in any locality, needs bolstering up with some personal activity in efforts to right flagrant wrongs.—ED.]

CARDIAC MURMUR OF ITSELF OF LITTLE SIGNIFICANCE.

Dr. Beverly Robinson stated, at a recent meeting of the Practitioners' Society of New York, that the fact had come to be pretty generally recognized that a cardiac murmur of itself meant very little. It came down to the question whether the heart was doing its work well. There were certain ways of determining that point, aside from physical signs. One evidence of lack of proper compensatory power was difficult breathing; a second was palpitation; a third was pain in and around the heart. If no renal nor other physical evidence that the heart was suffering, the mere presence of a cardiac murmur should not be considered as of great importance.—*Practice*,

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of October 27, 1890.

The President, C. D. PALMER, M.D.,
in the Chair.

J. M. FRENCH, M.D., Secretary.

DR. JOSEPH RANSOHOFF presented
a patient having

*Psoriasis Linguae, or Ichthyosis
Linguae.*

The patient, who was a young man, had suffered from the disease since early childhood. The case, he said, was not one of ordinary ichthyosis of the tongue. There was the usual thickening of the epithelial layer, but there was also a hypertrophy of the papillary layer—a kind of warty condition.

In the ordinary psoriasis linguae or leucoma, the tongue is smooth and glistening where the opaline greyish spots appear. In the case presented we have the true ichthyosis, first described by Mr. Holke, twenty years ago, and a very uncommon affection it is. The speaker had seen but one other case.

The patient does not now suffer any inconvenience from the disease, but the time will come when it will be a serious condition. Ichthyosis has frequently been known to develop into carcinoma or epithelioma of the tongue. When this has occurred the chances for the patient to be relieved of the disease are not nearly so good as they are now. The speaker intended to remove the diseased part of the tongue and desired the sanction of the Academy. He had seen a case in which a similar condition developed on the back of the tongue of an infant. He intended to make the operation with the knife.

DR. MAX THORNER presented two patients suffering from

Malignant Disease of the Larynx,

Each wearing a tracheal tube, the result of operative measures for their relief.

DR. E. B. LAFEVER then read a paper on

Simple Abscess of the Larynx
(see p. 727).

DISCUSSION.

DR. A. B. TRASHER congratulated DR. THORNER on the advance he had made in laryngology, in substituting the canula for the radical operation in malignant disease of the larynx. Until recently, however, the operation of partial laryngotomy has been almost as fatal as the radical operation of extirpation. The first operation for cancer of the larynx was by Billroth, eighteen years ago; the first extirpation of the larynx was by Watson, twenty-four years ago. The operations since that time have been performed under exceedingly variable conditions. The case presented first this evening appears to have been an exceedingly suitable one. Until recently we have been taught that the supply of lymphatics to the larynx was not very great, and that consequently the malignant disease of the larynx is a local disease not likely to be followed by secondary deposits in other parts of the body. But the lymphatic supply of the larynx is very great, and they pour into a chain of vessels which pass down along the trachea; and we find the secondary deposits of these tumors in the tracheal and bronchial glands. Hence, although we are not able to detect the enlarged glands, there may be a marked infiltration of the disease.

Our diagnosis in these cases, the speaker continued, was not quite positive, and in some cases the post-mortem has shown that there was tubercular disease of the larynx instead of the supposed cancer. There are other diseases also which may be mistaken for cancer. For the benign diseases we have other operations, not so serious in character or so troublesome to the patient. In the two cases presented this evening the operations performed have been eminently justifiable. The appearance of the first patient is not such as would throw much light on the character of the case and the correctness of the diagnosis. In the second

case there is a distinct cachexia. The speaker thought that in the fatal case reported by the speaker of the evening it was just possible that the patient died of pneumonia, although it was not thought to be so by the reporter.

Up to the fall of 1887 there had been but thirty-five operations of partial extirpation of the larynx for malignant disease, and of these cases there was but one positive recovery. The years of life lost was much greater than it would have been if the cases had been treated just as these two cases were treated. A change of opinion has recently occurred, and it is probable that now many of those cases would be let alone. Many laryngologists have concluded that in malignant disease of the larynx they will no longer operate, but will simply insert a canula and let the patient live as long as possible.

With regard to diagnosis, the speaker said that it is not always possible to make a diagnosis even with the microscope. Virchow confessed his inability to make a diagnosis from the specimens offered him. Mörell Mackenzie says that we may have a benign growth associated with a malignant growth.

Finally he congratulated the reporter on his successful diagnosis of the disease, his skillful handling of the case and the skillful method which he adopted for cauterizing the secondary growth when it appeared. But he thought it too soon for us to say that even in the first case the disease will not return.

DR. ERIC E. SATTLER was pleased to see the agreement of Drs. Thorner and Thrasher as to the treatment of malignant disease of the larynx. What, he asked, is the use of operating on malignant disease? Butlin very well presented the case before the laryngological section of the International Medical Congress at Berlin. He favored only palliative measures, as tracheotomy, in these cases. No reliance can be placed on statistics as published. All cases are different. The speaker then reported a case which he saw last week that was supposed by the physician previously having charge, to be

one of tumor of the larynx, but proved to be an aneurism of the aorta pressing upon the recurrent laryngeal. The symptoms, as presented, were typical. With regard to the simple abscess of the larynx, the speaker thought that the prognosis is good to adults if the abscess can be incised.

DR. T. V. FITZPATRICK said that he did not think that the mere fact that a tumor may recur after removal is sufficient to warrant our calling it malignant. The diagnosis depends upon a change of the tissue of the tumor from the normal tissue of the region. Perhaps a great deal of the fatality of these tumors depends upon the diagnosis being made too late, after the disease has gained entrance to the lymph vessels of the region.

DR. RANSOHOFF thought there should be no difficulty in recognizing malignant disease of the larynx. The case reported by a previous speaker in which there was an error between malignant disease and an aneurism, was a classical case of aneurism of the innominate artery with pressure on the right recurrent laryngeal. The difficulty is not in making a diagnosis of tumor of the larynx, but in deciding the character of the tumor. Malignancy does not mean death, and the speaker did not think that the statement of Butlin, although he is an eminent authority, should be taken as authority on the malignancy of carcinoma. He was sorry, too, that the laryngologists are taking a step backward. These malignant diseases of the larynx are all confined to the mucous membrane. They are usually epitheliomata, and are rarely followed by secondary deposits; they kill, when fatal, by infiltration of the surrounding tissues and resultant dyspnoea. Why should one not attempt to remove malignant disease of the larynx, if it does not adhere to the cartilaginous frame-work of the box? What objection, then, can there be to relieving the patient by tracheotomy, and then splitting the larynx and remove as much of the growth as possible? It ought not to be a very dangerous operation. If you go up too high, and involve the ary-epiglottic fold, the

dangers of pneumonia may be increased. Over twenty years ago Solis-Cohen made the operation of splitting the laryngeal box and scraping out a malignant growth with success. This patient, I believe, is still living. Possibly it would be to the advantage of the laryngologists to occasionally consult the surgeons in cases of this sort.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of December 2, 1890.

The President, MAX THORNER, M.D.,
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. C. A. L. REED reported a case of
*Abdominal Section for the Removal of
Ovaries with Thickened Tunics*
(see p. 734.)

DR. RUFUS B. HALL reported three
cases and exhibited specimens of
Fibroids of the Uterus
(see p. 736).

DR. JOSEPH EICHBERG read a paper
on the

Pathology of Tuberculosis.

(Published in LANCET-CLINIC of
December 6, 1890. Discussion postponed for one week.)

DR. C. R. HOLMES read a letter from
Berlin written by DR. JOHN E. GREIWE
in regard to Koch's discovery (see
LANCET-CLINIC of December 6, 1890).

DR. HOLMES also reported some

*Clinical Observations on Pyok-
tanin* (see p. 738).

DISCUSSION.

DR. MAX THORNER said his experience with the new remedy was too limited to have arrived at a definite conclusion as to the value of it. He had entertained great hopes regarding the efficacy of pyoktanin, the "Pus-Killer," as it had been called by Still- ing, especially since methyl-violet and other aniline dyes had been known to possess great antiseptic properties. The new drug was used by the speaker as

well in the yellow as in the blue preparation. He used Merck's make. The yellow preparation is not as soluble in water, and is said to be only half as powerful as an antiseptic, as the blue one. The drug (yellow) was tried in a number of cases of acute follicular tonsillitis, as a gargle, in a 2 per cent. solution. There was, however, no apparent advantage over other gargles previously used; but the patients complained unanimously of the horrible taste of the gargle. The blue preparation was used in solution of different strength in cases of purulent rhinitis, and in one case of empyema of Highmore's antrum. In this latter case no improvement ensued after it had been used for several days, whilst the exhibition of peroxide of hydrogen was soon followed by a decided decrease in the amount and the odor of the purulent discharge.

The cases of purulent rhinitis greatly improved under the use of pyoktanin. There is, however, one great disadvantage in applying it, and that is the blue staining of nose, lips, beard and mouth, and of the hands of the physician. Pyoktanin was also used, as a 2 per cent. dusting powder, in cases of acute and chronic otorrhœa. It acted not better than our older remedies, but rendered examinations very difficult on account of the blue staining of the parts. It has been stated that pyoktanin promoted cicatrization after galvanocautic operations in the nose, and in nasal and laryngeal tuberculosis. The speaker has no experience in this respect.

DR. C. W. DODD: Dr. Alt, of St. Louis, says that silk sutures disinfected with pyoktanin do decidedly better than with any other disinfectant. He claims to have been enabled to leave them *in situ* much longer without pus formation, or without the least redness around them, than with any other remedy. He considers it better than the bichloride of mercury in disinfecting sutures. He also found it very useful in furunculosis of the ear and cases of otitis media. In cases of eye disease he did not find it as useful as it gave promise of being.

Selections.

THE IMPORTANCE OF CYSTOSCOPIC EXAMINATION IN THE TREATMENT OF SURGICAL DISEASES OF THE KIDNEY.

Some interesting cases illustrating the use of the cystoscope as an aid to diagnosis were communicated at a recent meeting of the Berlin Medical Society by Nitze. The first case was that of a man advanced in years who for a long time had suffered from hæmaturia. Neither by the most careful exploration of the bladder nor palpation of the kidneys was it possible to arrive at a diagnosis until the cystoscope was used, and then it became apparent that the mucous membrane of the bladder was healthy and that it was almost certain that the kidney was at fault. Six months later a post-mortem examination revealed a sarcoma of the right kidney. The second case was that of a woman who had suffered for a long time from profuse hæmaturia. There was nothing locally to account for it. By cystoscopic examination the mucous membrane of the bladder was found to be perfectly healthy, but there was a prolapse of the ureters from which the blood was escaping. This prolapse resembled in appearance a prolapsus ani. The patient died and a post-mortem examination showed carcinoma of the left kidney. In a third case hæmaturia was again the most prominent symptom. The cystoscope showed that the mucous membrane of the bladder was healthy, and that the blood entered the bladder through the left ureter. An operation was proposed but the patient refused, and later on a perceptible swelling could be felt in the left renal region. The fourth case was that of a young man upon whom lithotripsy had been practiced several times for stone. On examination with the cystoscope no calculi were found in the bladder, but pus was seen to be protruding from the left ureter. Pyonephrosis was diagnosed, of the left kidney. Nephrectomy was done and the patient made an excellent recovery. In the fifth case

a patient had suffered for several years from violent pains, sometimes intermittent, sometimes continuous, and localized to the right renal region. By means of the cystoscope blood was seen to be flowing from the left ureter. No operation has been done, but the fact is almost certain that the cause of the trouble is due to renal calculus. The sixth case was that of a young girl, aged eighteen years, who was suddenly attacked with profuse hæmaturia. Despite digital palpation of the vesical mucous membrane, it was impossible to ascertain precisely the cause of the hemorrhage. By the cystoscope, however, the mucous membrane of the bladder was found to be healthy, and blood was shown to be flowing from the right ureter. Nephrectomy was performed and the patient recovered well. (We do not gather what the nature of the case was from the report). The author concluded that, judging from these cases, the cystoscope is a most valuable means for arriving at the diagnosis of renal affections.—*Med. Press and Circular*.

RADICAL CURE OF UMBILICAL HERNIA.

The danger and inconvenience of a neglected umbilical hernia, and the often unsatisfactory effects of a truss, have induced surgeons to undertake a radical cure of this affection. In the course of abdominal sections for tumors, where the relaxed integuments after the removal of large solid and fluid collections allow of easy manipulations, the cutting away of a hernial sac has been frequently performed with benefit. Dr. Sängér proposes the systematic removal of umbilical herniæ under certain conditions, apart from all active complications, especially strangulation. Small herniæ of this class may be operated upon when it is found difficult to keep them reduced, or when strangulation has appeared imminent on several occasions. Dr. Sängér severs the umbilicus and its ring vertically. Then he dissects up, in two layers, on both sides, the aponeurotic tissue, to the extent of two-fifths of an inch, parallel to the plane of

the peritoneum. The wide wound in the non-vascular tissue thus made is closed by silk sutures, placed very near each other. Large herniæ should, in Dr. Sängér's opinion, be excised when only partially reducible, or even when irreducible. An operation must then be performed, similar in principle to that just indicated, but of a more complex character. The skin incision must be carefully made, beginning at the uppermost part of the hernial protrusion. The thinned fascia transversalis and the peritoneum are then cautiously separated to a trifling extent. The operator must next pass in his finger to search for aponeurotic bands, which must be destroyed. The skin and deeper tissues of the sac can then be completely divided downwards to their lowest limits. The hypertrophied omentum must be cut away, and its pedicle properly ligatured. Then the sac is entirely excised down to its neck. The ring-like structure which forms the neck is dissected up all round, so as to separate its laminae as much as possible, destroying the sharp edge—this dissection, representing the operation above described for smaller ruptures—and the open tissues are united by strong silk sutures, which are cut short. The abdominal wound is closed by means of deep silk sutures, including the aponeuroses. Superficial silk sutures are then applied, the whole being covered with iodoform gauze.—*British Med. Journal*.

SUBCUTANEOUS INJECTIONS OF ETHER IN HEPATIC COLIC.

Kums (*La Semaine Médicale*, October 8, 1890), a few months ago, published a paper describing the successful results of this method of treatment in various forms of neuralgia. He has found, in two cases, that subcutaneous injections of ether are most effectual in relieving hepatic colic. In one of these cases, two injections over the region of the liver, one administered at mid-day and the other in the evening, and repeated next day, caused great relief. The symptoms of jaundice, however, persisted, and fifteen days later a fresh attack of hepatic

colic occurred. Under the influence of fresh injections of ether, the pain entirely ceased, the jaundice disappeared, and no further symptoms had occurred two months later. In the other case, the treatment was even more quickly successful. Injections, administered morning and evening for two days, were quickly followed by complete disappearance of pain and of jaundice. Kums recommends the use of Hoffmann's anodyne, the spt. etheris B.P., a mixture of sulphuric ether, and alcohol in equal parts, instead of pure ether, as he believes that it is more easily absorbed by organic tissues containing water when mixed with alcohol, than when injected alone, and that it therefore acts more rapidly.

—*London Med. Press.*

SALICYLATE OF SODIUM IN THE TREATMENT OF CHOREA.

Dr. Dresch, in an article in the *Bulletin Général de Therap.*, speaks very highly of the action of salicylate of sodium in cases of chorea. He says the disease is of greater gravity than is generally supposed, and is not infrequently, directly or indirectly, the cause of death. He believes chorea is a microbial disease, the micro-organism of which is probably of the same family as that of rheumatism. Energetic treatment should be begun at the earliest possible moment. The drug is administered because of its action upon the medulla and cord, where it affects the motor centres as well as the sensory, and not because of any special action as a germicide or anti-rheumatic. Apart from the sedative action of this drug, it possesses another great advantage, in that it increases the elimination of waste products. As it is evident that the choreic movements must greatly augment the amount of waste products, it is of the utmost importance that any remedy given for the disease should favor the elimination of these materials by the kidneys and other excretories. The salicylate is well borne in most cases, a child of twelve years taking without trouble as much as sixty grains in twenty-four hours, the only precau-

tion being to give the drug in small and frequently repeated doses, well diluted with slightly alkaline water. It is not usually necessary to continue the use of the drug more than eight or ten days. Rest in bed, a well-ventilated room, avoidance of noise, and a milk diet are all of assistance in promoting the beneficial action of the drug.

—*Canada Lancet.*

TREATMENT OF URTICARIA BY IODIDE OF POTASSIUM.

Urticaria being of tolerably frequent occurrence in asthmatic subjects, and these patients being often benefited by iodides, it has occurred to Dr. Stern (*La Semaine Médicale*, October, 15, 1890), of Maronheim, to experiment with iodide of potassium in cases of chronic urticaria, not complicated with asthma. He has thus treated five patients with success, four being affected with urticaria more or less inveterate, and rebellious to all previous therapeutic measures (salicylate of soda, atropine, quinine, tincture of strophanthus, hydro-therapeutic treatment). The fifth case was one of acute urticaria of a few days' duration. None of the patients were syphilitic, and all were rapidly cured. In one case, which had lasted four months, the intolerable itching disappeared on the second day of treatment, and a complete cure was obtained after two and a half drachms of the remedy had been administered. In two other cases of much longer duration (two years and a half and six years) the effect of the iodide was equally good, a complete cure being obtained after the administration of six and eight drachms respectively. In the acute case, and in a chronic relapsing case of thirteen years' duration, the action of the iodide presented the peculiarity of at first increasing the pruritus; but this effect was merely temporary, and a successful result was obtained in each case after the administration of seventy-five grains of the drug. These cases, although they are only five in number, seem worthy of attention, more especially as Erasmus Wilson long ago published a case of chronic urticaria which

he had treated in the same manner with success.—*London Med. Recorder.*

TREATMENT OF ERYSIPELAS.

Dr. Ulrich, a Danish military surgeon, having had eighty-nine cases of erysipelas of the face in young soldiers, has published in a comparative table the results of the three different methods of treatment which he adopted, viz., application of ice compresses, painting with pine tar, and painting with a solution of ichthyol in its own weight of ether and double its weight of flexile collodion. Thirty-three cases were treated by the first method; in twenty of these the erysipelas spread considerably, in four slightly, and in nine not at all. Twenty-seven cases were treated with tar; in fourteen of these there was much spreading, in one a little, and in twelve none. Twenty-nine cases were treated with ichthyol; in these the spreading was considerable in eight cases, slight in six, and in fifteen there was none. The mean duration of the disease under the ichthyol treatment was 6.88 days, while under the ice and tar methods it was 8.33 and 9.3 days respectively. The relapses, too, were decidedly less numerous under ichthyol than under either of the other plans. Dr. Ulrich suggests that still better results might be looked for if the ichthyol were painted not merely over the affected parts, but over a considerable portion of the surrounding skin.

—*Lancet.*

FRONTAL HEADACHE AND IODIDE OF POTASH.

Since there are various forms of headache, and since the remedy that will relieve one patient will utterly fail to relieve another with seemingly the same kind of head pain, it is necessary that the physician should be armed with a variety of remedies. For some time past we have found minimum doses of iodide of potassium of great service in frontal headache. A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness and a feeling of general discomfort, with

a distaste for food, which sometimes approaches to nausea, can generally be completely removed by a two-grain dose of the potassic salt dissolved in half a wine glass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who, a quarter of an hour before, was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal, and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.

We make no claim of originality in the use of the remedy. If we mistake not it was an Australian physician who first recommended it. The morbid condition here described is so very common we would invite others to give this remedy a trial.—*Mass. Med. Journal.*

METHOD OF ARRESTING THE PAROXYSMS OF WHOOPING COUGH, AND OF RELIEVING THE NEURALGIA OF THE FIFTH NERVE.

This method consists in elevating the hyoid-bone and larynx, and in maintaining them in this position for a minute or a minute and a half. The operator places himself in front of the patient, and with his thumbs pushes upwards the greater cornua of the hyoid bone, a purchase being obtained by resting the index-fingers on the patients' ears, the other fingers being placed upon the neck. Naegely (*La Semaine Médicale*, September 3, 1890), finding that this procedure relieved the paroxysms of whooping-cough, next applied it, with equal success, to various nervous conditions; neuralgia of the fifth nerve, migraine, globus hystericus, nausea of nervous origin, etc. According to him, a single application of the method frequently suffices to remove the pain completely; but in some cases the proceeding must be repeated several times. The number of patients thus treated successfully is over fifty. As to the scientific explanation of the result obtained, nothing definite is known. It

doubtless depends on one of those phenomena of inhibition so well studied by Brown-Séquard, but the exact mechanism remains to be determined.—*London Med. Recorder.*

HÆMOPTYSIS.

In most cases hemorrhage does not require any treatment but absolute quiet and rest, as a clot will form in the orifice of the vessel and check the hemorrhage. Keep the heart quiet; and, to do this, you may have to use aconite, veratrum, or the bromides. I think the most important point is for the physician to be self-collected and quiet, and not to show any alarm, and not allow the patient to get alarmed. Place the patient in a horizontal position, and, if he cannot quiet himself, give opium. Some say opium acts as a hæmodynamic; but I do not believe it has any other effect than quieting the respiratory act—lessening the frequency of the respiration. If the hemorrhage is profuse, give hypodermics of ergot, and apply ice over the seat of the hemorrhage, if it can be found, usually over the apex. At the same time you may place ice over the heart, as it quiets it. Besides this, we have the method of inhalation of styptic sprays; but this is almost impossible, for enough cannot be inhaled to reach the seat of hemorrhage; and, again, I think that the deep inspirations rather induce than lessen the hemorrhage. If you use inhalations, use a light turpentine, that is very volatile. Keep the patient at rest a considerable time and improve nutrition.—*WAKER, Times and Register.*

ACTION OF THE GASTRIC AND INTESTINAL SECRETIONS ON THE BACILLUS OF TETANUS.

Sormani (*Centralblatt f. Allgemeine Pathologie*, August, 1890) has made a communication on this subject to the Medico-Chirurgical Society of Pavia. He caused herbivorous and carnivorous animals to swallow pure cultures of the bacillus, and also fed dogs and rats with the flesh of animals that had died of

tetanus. In some of these experiments he allowed the gastric juice to retain its natural acid reaction; in others he neutralized it by means of carbonate of soda. In no case did the animal suffer the least harm. The tetanus bacilli were found unaltered in the feces. From his numerous experiments, Sormani draws the following conclusions:

1. The flesh of animals that have died of tetanus can be eaten with impunity.

2. The microbe of tetanus can pass through the alimentary canal of herbivorous and carnivorous animals without causing any symptoms.

3. The digestive secretions of these animals neither kill nor alter in any way the bacillus of tetanus.

4. An animal can introduce into its stomach with impunity a dose of the tetanic virus ten thousand times greater than that which is sufficient to kill if injected subcutaneously.

5. These facts throw some doubt on the theory that the symptoms of tetanus are due to the absorption of poisonous alkaloids, secreted by the bacillus.

6. The feces of animals (especially of herbivorous animals) may possibly be a not insignificant agent in the distribution of the tetanic poison.—*London Med. Recorder.*

MANGANESE.

The so-called indifferent iron preparations have been in use for some years, but they seem likely now to be replaced by similar preparations of *manganese*. The presence of compounds of both these metals in the blood is well known, and their function as constituents of that fluid is believed to be that of carrying oxygen to the red blood-corpuscles. Manganese is further regarded as being in this respect more active.

In the first instance, however, inorganic compounds of manganese were employed (in chlorosis, etc.), and probably owing to the insolubility of these or their non-adaptability to assimilation negative results were obtained. More recently combinations of manganese with the so-called albuminate, peptonate, and other organic groups have

been studied by Dieterich. Pepto-mangan "Gude" containing about 0.6 per cent. of iron with 0.1 per cent. of manganese is much prescribed. It is a preparation which mixes perfectly with milk and wines (free from tannin) and has, according to various medical authors, a decidedly good effect in chlorotic and anæmic conditions, and in all other diseases where iron and manganese are indicated in a non-irritating and readily assimilable form.—*Provincial Med. Journal*.

ANTAGONISM BETWEEN IODINE AND SALICYLATES AS REGARDS EXUDATIONS AND TRANSUDATIONS.

Rosenbach and Pohl (*Berliner klin. Wochenschr.*, No. 36, 1890) come to the following conclusions:

1. Salicyl-compounds given internally pass not only into the urine, but into the fluids of serous cavities; also joints, peritoneum, and pleura. They appear in all transudations due to stasis, and also in purulent exudations, though in smaller quantities. But they are not to be found in the saliva, the intestinal contents, nor the bile. In particular, sodium salicylate cannot be found in the stomach, when, after its introduction into the rectum, it can be shown to be present in the urine.

2. Iodine-preparations after internal or subcutaneous application pass into the urine and saliva; like the above, they are to be found in transudations into the skin, abdomen, and pleura in various diseases, but, unlike them, *they never pass into serous or purulent exudations*. Moreover, iodine, though freely given, is never to be found in the synovial fluids or membranes, whether in health or disease.

3. Sodium salicylate injected into joints or serous cavities, when transudations or serous or purulent exudations are present, is always to be found, after a short time, in the urine.

4. The same is true for iodine.

5. The fundamental difference, then, between iodine and salicyl is that the latter, however given, is found in all serous cavities and in the urine; whereas

iodine, given by the mouth in the usual doses, passes only into transudations, but never into joint-cavities, whether normal or inflamed. The therapeutic consequences are self-evident.—*London Med. Recorder*.

THE INFLUENCE OF ALKALIES ON TISSUE CHANGE.

A work on this subject, recently published by Dr. Ernst Stadelmann, of Dorpat (Stuttgart, F. Enke), is one of considerable interest as showing the results of recent experiments at the bedside. Sometimes large doses of alkali were given, and in all cases without any evidence of their rendering the individual experimented on anæmic or chlorotic. Considering the view that has almost universally obtained on this point, these experiments are likely to do good service in removing a mass of prejudice. Daily doses of from three to twenty-seven grammes of sodium carb., or bicarb., as soda water or saturated with tartaric acid, and in other experiments doses of from nine to eighteen grammes of sodium carb. neutralized with citric acid were given. These large doses, sometimes amounting to nearly an ounce, never disturbed the appetite, never produced any increase in the tissue changes of the person experimented on. The fable, therefore, that alkalies render anæmic and chlorotic must be recognized as such only. The statements that the quantity of ammonia in the urine become less, that uric acid was formed in the body in diminished quantity, were confirmed. Amongst other things it was determined that with the increased diuresis the excretion of potash and soda was also increased, but that of the alkaline earths remained unchanged.

Med. Press and Circular.

THE Treatment of Organic Stricture by a new method (Century Chemical Co., St. Louis, Mo.) is attracting a great deal of attention throughout the profession, and many competent physicians are reporting the most favorable results.

Send for literature concerning their stricture remedy, and medicated bougies for gonorrhœa and gleet, to Century Chemical Co., St. Louis, Mo.

DIAGNOSIS OF CANCER OF THE BRONCHI AND LUNGS.

Dr. W. Ebstein, of Göttingen (*Deutsche med. Woch.*, October, 16, 1890), in an expansion of an address on this subject delivered by him during September of the present year, before the Congress of German Naturalists and Physicians at Bremen, treats of the diagnosis of cancer of the lungs and bronchi.

Without attacking the vexed question of the exact point of origin of cancer in the bronchi, he divides the subject into two divisions, dealing first with cancer limited to the bronchi, and then with cancer beginning in the bronchi and spreading to the lungs. He related two cases illustrative of these conditions, with great minuteness of detail. In the one, that of a man, aged sixty-seven, the disease had spread along the lymph channels and invaded a considerable tract of lung without giving positive indications other than those common to inflammatory affections of the parts attacked. In the second case the patient was aged fifty-four, and the onset of the disease was attributed to a violent strain, which had set up much local tenderness. The physical signs were much more limited to the affected area; a small nodule had appeared on the surface some time before death, and secondary deposit in the brain had given rise to a partial ocular paralysis. The primary disease was found to be limited to a bronchus, but almost all the organs showed secondary deposit.

Dr. Ebstein enters into a very long and exhaustive discussion of the various symptoms and physical signs, and of their value in diagnosis. He is led to conclude that the actual discovery of cancerous tissue either in the sputum or in the results of exploratory puncture forms the only positive diagnostic sign. Careful study of all the points in the history and course of the disease, taken in conjunction with the symptoms as they occur, may sometimes afford sufficient evidence to argue upon, but the secondary symptoms set up by bronchitis, emphysema, atelectasis, and the

like are apt to make positive diagnosis impossible. Even microscopic evidence is not absolutely trustworthy, since changes may be brought about in epithelial cells in various phases of inflammation, which may render them hardly distinguishable from cancer cells. A certain degree of intermittent fever is believed to attend the development of bronchial cancer, but care must be taken to exclude the possibility of tubercle in any given case, as the conditions are not antagonistic. Cachexia is not of necessity present in the earlier stages. That direct irritation of the bronchi may be a feature in the production of the disease is shown by the great frequency of cancer of the lungs and bronchi amongst workers in cobalt and nickel mines.—*Supp. Brit. Med. Journal.*

SCARLATINA WITHOUT FEVER.

The question as to whether scarlatina can occur without fever has been frequently discussed, and is not yet entirely settled. There is, however, no doubt that abortive cases occur which run their course without any appreciable rise of temperature, and that cases are not unfrequently met with in which the morbid symptoms are so ephemeral, and the general condition of the patient so little affected, that the disease is quite ignored until, perhaps, some consecutive phenomena make their appearance, such as desquamation, nephritis, or dropsy. Cases also are not very rare in which, after an initial fever of greater or less intensity, the subsequent course of the disease is free from fever, and finally some very rare cases have been recorded in which the converse occurs, the scarlatinal eruption making its appearance without any rise of temperature, and fever occurring at a later period.

In the opinion of Dr. Wertheimer (*Münch. med. Wochenschrift*, No. 26, 1890; *Der Kinder-Arzt*, September, 1890), however, no cases have as yet been recorded in which entire, or almost entire, absence of fever, during the whole course of the disease, has been proved by means of careful and method-

ical observations of temperature. Two such cases are now recorded by him. They are those of two children, aged respectively six and a half and seven years, in whom, during the evolution of an undoubted scarlatinal eruption, the temperature did not exceed 37.8°C . in one, and 38.1°C in the other. In both cases the disease ran its course without causing the slightest constitutional disturbance, but in one of them albuminuria appeared on the seventeenth day, and lasted for a week.

In cases of this kind, the diagnosis of scarlatina, generally so easy, may become very difficult. It is easy to overlook the trifling and ephemeral eruption, the scarcely marked rise of temperature, and the morbid alterations of the pharyngeal mucous membrane, which may be of a very trifling character. There exists, however, according to the author, a symptom sufficiently constant to be of great use in putting the practitioner on the road to a correct diagnosis. This is the want of harmony between the pulse and the temperature, the very considerable acceleration of the pulse, notwithstanding the entire absence of fever. Unfortunately, there must always be cases in which, owing to the extremely rapid disappearance of the eruption, and notwithstanding the most careful analysis of the symptoms, the diagnosis of the non-febrile form of scarlatina will prove very difficult.

[*Note*.—Similar cases to those recorded by Wertheimer are described by F. Beetz, in the *Münch. med. Wochenschrift*, No. 28, 1890.]—*London Med. Record*.

REMOVAL OF A PORTION OF LIVER FILLED WITH HYDATID CYSTS BY AN ELASTIC LIGATURE.

M. Terillon (*La Medecine Moderne*) communicates the case of a woman of fifty-three years, who suffered for several years with sharp pains in the right hypochondrium, coming on at certain marked periods. The diagnosis had been a cyst filled with calculi, and an explorative puncture, made in the swelling which existed in the right side, allowed one hundred grammes of

hydatid liquid to escape, without diminishing the size of the swelling.

Laparotomy showed that we had to do with a diseased mass, about the size of two fists, composed of a part of liver tissue, occupying the edge of the organ, and totally filled with little hydatid cysts. A line of demarcation sharply separated the diseased tissue from the rest of the organ, which appeared quite healthy. An elastic ligature was firmly applied at the point of this line. Almost immediately the ligature seemed to make a pedicle, and the part below the compressing force became turgid. This was fixed outside the body by a few stitches of suture, and the rest of the wound closed. Iodoform antiseptics.

Little by little, the part of the liver thus pediculated died, without producing any general reaction. After eleven days, as there was a slight elevation of temperature, M. Terillon divided the pedicle. There remained a large wound, which cicatrized in thirty days. In fact, the patient was completely cured and regained a normal weight and strength.

This is the first case on record where so large a resection of the liver was followed by cure.—*Times and Register*.

SPECIAL NOTICES.

MOSQUERA'S BEEF MEAL is an alimentary preparation put upon the market by Messrs. Parke, Davis & Co., of Detroit, who state that it represents, in actual nutritive value, at least six times its weight of good lean beef; that it is perfectly palatable, and will be tolerated with ease by the most delicate stomach; that it admits of being administered in a variety of forms, thus avoiding monotony in the food; and that it is the most nutritious as well as the most economical concentrated food.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
Curators and Microscopists,

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THE CINCINNATI LANCET-CLINIC:

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, December 20, 1890.

The Week.

SPECIALISTS, STATE ASYLUMS AND SPECIAL HOSPITALS.

From the earliest historical dates there has been a recognized necessity for a division of labor. Cain, the first born of our race, was a tiller of the soil, and his brother a herdsman. These are primal occupations, but the assignment was made. As population increased further divisions and subdivisions were made, and has continued through all ages to our own era and day. Within the recollection of many now living there was little if any recognition of a division of labor in the medical profession, and those who were far sighted enough to peer into the future gave themselves up to special studies, directing the attention of their brethren and friends in the profession to the fact that their special studies gave them special skill in the treatment of particular diseases. For a long time these men were looked upon, and by many treated as, little better than quacks in the profession. Their best reply was the results that followed

their more accurate diagnoses and methods of treatment, until by common consent the situation and changing order of things was recognized. The specialists representing a division of labor had come to stay.

While all practitioners are members of a common profession, the foundation and principles of practice taught are the same. When business and professional life-work begins, special lines of study and practice are now taken up by every diligent student and practitioner. This special study and work in specific lines has necessitated special facilities. Special laboratories are provided for chemists and pathologists, and special hospitals for special diseases. Those suffering from mental maladies are provided with asylums built for them alone. Those suffering from diseases of the eyes are sent to special hospitals or special wards in hospitals. There came special hospitals and wards for women, and the art of the gynecologist was given a recognition beyond the science of obstetrics. Hospitals for malignant-disease patients and for those suffering from venereal affections came into existence, as necessity indicated the benefits to be derived therefrom. In one or two instances homes or hospitals for consumptives were established. The recent discovery of the bacterial nature of this disease, that has been fatal to such a large portion of the people, and its common prevalence in all lands and climes and among all classes, is a sufficient reason for the establishment of numerous hospitals and homes for the care and treatment of those who are so afflicted.

In well-regulated institutions, which should be of limited capacity, eligibly located and never crowded, there will be, under any appropriate plan of treatment, a greatly increased number of

cures over that of the present plan of treating such patients in their own homes, or in the common medical wards of general hospitals and infirmaries.

The aggregating of large numbers of patients of any class or all classes in great caravansaries like some of our asylums and hospitals is neither economical to tax-payers, the people at large, nor beneficial to the afflicted who seek a refuge within their walls.

A recent mistake of a very grave character was committed in this county by the erection of a large addition to Longview Asylum. Having a large farm belonging to the institution, there was ample space for the construction of a number of cottages of limited capacity, that would in and of themselves have been a valuable curative agent in the proper care and treatment of those who are consigned to its precincts. The mistake was undoubtedly made by the Commissioners, who are all laymen, and none of them familiar with the best, or any professional treatment of the insane, accepting as final the plans of an architect approved by the superintendent, of a great addition to a still greater caravansary building.

The Toledo Asylum consists of a number of cottages erected from special plans, and the reports show that the annual cost to the State per patient is there less than in either of the others; but even if the cost were more the economy to the State would be much greater, because of its more effectual treatment of the inmates, in more quickly restoring them to their families and changing their rôle from consumers only to that of producers as well as consumers.

Nor should the State stop with the creation of asylums for the insane, the deaf and dumb, and the blind; but, now that we have a definite pathology of

consumption and are soon to have in our hands a specific treatment for this disease, there should be located in the most salubrious parts of the State a series of cottage hospitals for the care and treatment of this disease. The county infirmaries are all stocked and more or less filled with poor unfortunates who are suffering with this affection. In very few instances do these poor people receive the professional care and treatment that should be given them. Economical County Commissioners provide them with cheap medical attendance, cheap food, and too often rancid oils and poor medicines.

It would be economical to the State to provide a sufficient number of salubrious cottage hospitals with the best professional care that could be obtained, in order to the curing of the greatest possible number of these people in the shortest possible time and with a resulting restoration of them to the community in which they live, in order to again become producers of wealth as well as consumers of the products of other men's and women's labor. The number in proportion to the population that would need to be sustained, either directly by the State or by their friends, would be greatly lessened.

Men of enterprise will no doubt erect in many places homes and hospitals for consumptives, that will prove a great blessing in being the means of prolonging the lives of very many valuable citizens; but it is no doubt the prerogative of the State to provide such means for the restoration to health of its invalid citizens as may be approved by the teachings of science.

DR. J. C. KERR, CANTON, CHINA.—It is with much gratification that we are able to present our readers this week with a paper from this gentle-

man, who is a native of this vicinity, and who, after his graduation in medicine, thirty years ago, went from here to assume charge of a mission hospital in Canton, where the scope and amount of his professional work has been really fabulous. Although isolated personally from other members of his profession, except a very few assistants, he has kept himself fully abreast of the most advanced thought and work in medicine. His paper on an improvement in lithotripsy instruments is valuable, as coming from a surgeon who has operated for calculus more than a thousand times. Dr. Kerr writes that he receives the LANCET-CLINIC regularly.

UMPH! — Subscribers will very greatly favor themselves, as well as the publisher, by practically noting the fact that the subscription-rate of the LANCET-CLINIC, when paid in advance, is the very small sum of three dollars per year. This rate invariably takes on a condition of hypertrophy and increases in size to three and a half dollars per year if neglected beyond the time of renewal of the year's subscription. The carrying of credit accounts is always expensive to us, and invariably reacts and becomes increasingly expensive to subscribers.

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Act on the suggestion,

CHRISTMAS.—We greet our readers with a wish that, one and all, they may have a very Merrie Christmas, and enjoy to the fullest extent all the pleasures of the season.

LISTEN! We are just hungering and thirsting for several hundred Christmas gifts in the form of one new and one old subscription for one year for \$5.

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

At the next meeting, December 22, DR. B. K. RACHFORD will read a paper on "The Influence of the Bile in its Fat-Splitting Properties of the Pancreatic Juice."

There will be no meeting during the Holidays. On the first meeting in January DR. REAMY will read his report of a "Case of Ectopic Gestation," previously postponed.

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, December 23.—Subject, "Obscure Phases of Malarial Poisoning and its Relation to General Medicine, Ophthalmology, Obstetrics, Gynecology, Surgery, and Laryngology and Otology."

At the last meeting the above subject was discussed in its first three relations by DRs. COMEGYS, HOLMES and TAYLOR. This week it will be discussed in its last three relations by DRs. STANTON, DANDRIDGE and THRASHER.

FOR SALE—My residence, office, and all necessary out-buildings, and my medical practice, which now exceeds in fees over five thousand dollars annually. The property alone is worth at least five thousand dollars, and is situated in the famed Blue Grass region of Kentucky, eight miles from any large town, in a wealthy farming community, thickly populated, with good macadamized roads; depots of two railroads in less than a half mile; convenient to churches and schools. Will sell the property and practice for five thousand dollars cash, or notes for one-half with good surety. Correspondence solicited, and will cheerfully give all information desired. Address BLUE GRASS, in care of this journal.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending December 12, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping- Cough.		Diphtheria.		Croup.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....							1				
2.....							2				
3.....							4				
4.....							3				
5.....							1				
6.....			2				3				
7.....							2				
8.....	1						1	1			
9.....							1	1			
10.....							3				
11.....							3				1
12.....			1				1				
13.....							2	1			
14.....							3				1
15.....											
16.....											
17.....							1				
18.....							1	1			
19.....	1						1				
20.....			1								
21.....							5				
22.....							3				
23.....	1						4				
24.....			6				1	1			
25.....							1				
26.....			2								
27.....			1				1	1			
28.....							5				
29.....							1	1			
30.....							8	5	1		
Public In- stitutions.....											
Totals.....	3		13				62	12	1		3
Last week.	1		22				48	7	1	1	2

The following is the mortality report for the week ending December 12, 1890.

Diphtheria.....	12
Typhoid Fever.....	2
Other Zymotic Diseases.....	2—16
Cancer.....	3
Consumption.....	14
Other Constitutional Diseases.....	1—18
Apoplexy.....	3
Bronchitis.....	6
Convulsions.....	5
Heart Disease.....	2

Liver Disease.....	1
Meningitis.....	3
Peritonitis.....	1
Pneumonia.....	15
Other Local Diseases.....	15—51
Deaths from Developmental Diseases.....	9
Deaths from Violence.....	6

Deaths from all causes.....	100
Annual rate per 1,000.....	16.00
Deaths under 1 year.....	14
Deaths under 5 years.....	31
Deaths for corresponding week of 1889... ..	110
Deaths for corresponding week of 1888... ..	100
Deaths for corresponding week of 1887... ..	135

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 53 cities and towns during the week ending December 12, 1890:

Diphtheria: Aberdeen, 1 case; Akron, 5 cases, 4 deaths; Bucyrus, 2 cases, 1 death; Chillicothe, 1 case; Cincinnati, 62 cases, 12 deaths; Cleveland, 9 cases, 2 deaths; Dayton, 12 cases, 5 deaths; Defiance, 2 cases; Elmwood Place, 1 case, 1 death; Felicity, 1 case; Fremont, 1 case; Lima, 3 cases; Salem, 1 case; Springfield, 1 case; Tiffin, 4 cases; Toledo, 9 cases, 1 death; Van Wert, 1 case; West Liberty, 1 case; Wilmington, 1 case; Xenia, 3 cases, 1 death; Youngstown, 3 cases, 4 deaths.

Scarlet Fever: Ada, 1 case; Chillicothe, 1 case; Cincinnati, 13 cases; Cleveland, 7 cases, 1 death; Dayton, 3 cases; Defiance, 2 cases; Delta, 1 case; Doylestown, 5 cases; Fairfield, 2 cases; Findlay, Leetonia and Lima, each 1 case; Mentor, 2 cases; North Amherst, 2 cases; Salem, 1 case; Springfield, 3 cases; Youngstown, 3 cases.

Typhoid Fever: Bucyrus, 2 cases, 1 death; Canal Dover, 1 case; Celina, 2 cases; Chillicothe, 1 death; Cincinnati, 4 cases, 2 deaths; Cleveland, 22 cases, 3 deaths; Coshocton, 1 case, 1 death; Fostoria, 2 cases; Fremont, 3 cases; North Amherst, 1 case; Salem, 2 cases; Springfield, 4 cases, 3 deaths; Toledo, 1 death; Youngstown, 5 cases.

Whooping-Cough: Coshocton, 2 cases; Youngstown, 5 cases.

Measles: Ada, 1 case; Cincinnati, 3 cases; Leetonia, 2 cases; Toledo, 1 death; Youngstown, 1 case.

No infectious diseases reported to health officers in 20 places.

C. O. PROBST, M.D., Secretary.

THE MEDICAL REVIEW VISITING-LIST.

Published by Chambers & Co., St. Louis.

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SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases.

THE RATIONALE OF INFLUENZA.

The following remarks by Dr. Lafont, Professeur de Thérapeutique à la Faculté de Médecine de Lille, in the *Med. Press and Circular*, will be read with interest:

The epidemic which was such a cruel scourge last winter is again appearing, although up to the present in a milder form. It may, therefore, not be without use to consider at the present moment the most rational treatment of this affection, at all times painful, and sometimes, from its complication, serious. This malady is, I consider, a contagious catarrhal affection, in its milder form known to us as "grippe," but from its recent serious epidemic character christened "influenza," a name it will probably retain henceforth. The symptoms of this complaint are manifested invariably by a functional depression, more or less marked, of the whole system, varying from simple lassitude, stuffiness of the nose and slight gastric obstruction, all—premonitory symptoms of a large number of contagious diseases, and fortunately often constituting the only symptoms of the malady, which in such cases passes for ordinary "grippe."

In the last epidemic, to these premonitory symptoms succeeded all the characteristics of grave typhoid infection: nausea, fever, muscular pains, delirium, pneumonia, with tendency to suffocation and complete prostration. In the discussions at societies and in medical journals on its etiology, some described it as a simple catarrhal affection, more or less grave, having for cause the influence of the external conditions of the atmosphere, and denied its contagious character, others sought at once for the microbe. In the midst of these etiological discussions, no therapeutic law was propounded, and the medical journals were advocating here, aperient medicine, antithermics; there, the Vin Mariani (made from the coca of Peru) and tonic medicines; elsewhere, counter-irritation and balsamics were said to do wonders; almost everywhere was admitted the specific effect of sulphate of quinine, or still better, salts of quinine, above all, antipyrin. From my own experience, based upon a great number of cases and on myself in particular, I have no hesitation to assert that the method which succeeded the best was essentially eclectic. Thus, at its first manifestation I was able to arrest the development of the disease by administering an aperient (oleum ricini by preference), then causing thoracic revulsion by rubefaction, or even vesication, and by provoking simultaneously a non-depressing diaphoresis, easily obtained by administering several times in the day a grog made from Vin Mariani, one-third wine and two-thirds water, very hot, with sugar, such as has been prescribed by the learned laryngologist Fauvel for hoarseness and loss of voice, "a frigore."

In the presence of influenza in the stage when the patient was completely depressed,

very far from ordering antipyrine, which only augments the depression, I found it much more effectual to administer strong tonics, such as generous wines, champagne, whisky, rum, cognac, tonics physical and moral, such as the preparations of Coca Mariani, Vin and Elixir. at the same time causing revulsion, and administering repeated aperients. From this treatment I rapidly cured myself, and observed the same results in patients without that long and tedious convalescence due, as I think, to the weakness caused by the use of antipyrin.

I advise, then, as a rational treatment for influenza and kindred affections: first, gentle purgatives; second, diaphoretics and revulsives; third, strong tonics.

MILKING BY MACHINERY.

Mr. William Murchland, Sanitary Engineer of Kilmarnock, has designed a good milking machine in which many of the disadvantages associated with those already manufactured are avoided. It is really simple enough in its way, and is constructed on the old nipple-shield plan, in which the glass shield with an india-rubber nipple was moistened and placed over the breast and nipple in such a manner as to protect it entirely from pressure, but at the same time to allow of an exhaust action to be brought into play by the gums and cheeks of the child.

In Mr. Murchland's apparatus the glass cup is replaced by one of iron, the child by a can for the reception of milk and an air-pump. These are connected in series by an iron tube which runs round the cow-house, and if there are sufficient cans for the reception of the milk the whole of the cows in the building may be milked at one time by the exhaust action obtained by the action of a single air-pump. There is a water-gauge by which to measure the difference in pressure between that in the pipe and that of the external atmosphere. The iron cups are moistened and placed over the teats of the cow, and the can is held in position by a hook attached to a band which passes over the loins; short india-rubber tubes from these cups pass into the top of the can, which, when ready for use, is quite air-tight: each of these tubes has a tap from the top; there is also an india-rubber tube connected with the exhaust pipe which runs round the building; and there is an

milking controlled by a tap which communicates with the air in the cow-house. The can is first hung in position, the exhaust pump is worked, the cups are placed in turn over the teats and are held in position until the tap is turned, when the greater external atmospheric pressure causes them to be pressed against the teat and the milk to flow, and as long as there is any milk left in the udder and as long as the pressure is kept up, the flow continues. As soon as the cow is milked dry the tap communicating with the exhaust tube is shut off, and that communicating with the air of the cow-house is opened, the cups in the top of the can may be removed, the milk emptied out, and the can is ready for another cow.

Those who describe the machine in operation say that the animals submit very quietly to this milking, and it can easily be understood how the suffering of animals affected with cracked, wollen or ulcerated teats may be greatly diminished. That it will ensure greater cleanliness depends entirely upon the way in which the various parts of the apparatus are treated. It will be just as necessary that the teats should be carefully washed with warm water and dried with a soft towel as hitherto (though this is very rarely attended to—a little milk from the can usually being deemed sufficient for the purpose), and it would also be necessary, especially where there is any chapping or ulceration, that the iron cups should be plunged into boiling water, or that they should even be boiled for a few minutes between each operation, for although foreign material may not get in while the first cow is being milked, what is gathered then may be washed through the pipes into the can during the next milking. We shall escape the dirt and hair that are rubbed from the cow's sides by the head of the milker, which is, after all, a very great gain and advantage from the consumer's point of view, but we should be still more satisfied from the hygienic point of view if, in place of being drawn from the cow-house, filtered air could be conveyed by a second tube from the outside of the building, on, let

us say, the side away from the manure-heap.

On most of the large farms in Denmark and Sweden cows are always carefully groomed every day, and milk is carried out from the byre as soon as it is drawn from each cow, in order that the danger arising from particles from the skin of the cow and from the air of the cow-house getting into the milk may be done away with. Hence the advantages would be even greater if the air came from the outside, and were not sucked in somewhat rapidly—and along with it probably dust and dirt from the cow-house. — *British Med. Journal.*

SPECTACLE FRAMES SHOULD FIT THE FACE.

All frames should be made to fit the face perfectly. By this I mean that the frames should be so adjusted that each eye will look through the center of each glass when in use. They should be neither too wide nor too narrow; should stand neither too high nor too low, but *just right*. That can only be the case when both eyes look through the center of the glasses during fixation. If the position of the glasses causes either or both eyes to look through any other part than their exact centers, the result is a prismatic effect, which in many persons is extremely unpleasant, giving rise to symptoms, in mild form, of muscular asthenopia, since the eyes are forced to deviate sufficiently to overcome the prismatic effect of glasses decentrically placed before them. Persistent and troublesome headaches may result from this cause. The external and internal muscles much more readily overcome such prismatic effect than the superior or inferior. If both eyes look through the upper or lower edges of the glasses, no disturbance follows because the effect is neutralized; but if one eye looks through the center and the other through the upper or lower edge of the glass, and particularly, if the eyes should look through opposite edges great disturbances follow at once. *All glasses should be so placed that both eyes will look through their centers.*

For distant vision the frames should be so fixed that they will hold the glasses squarely before the eyes. For reading and all close uses of the eyes the glasses should be made to tilt a little forwards since in looking at near objects the eyes are almost always turned slightly downwards. The tilting forwards will cause the eyes to look straight through the glasses. The eyes should not only look through the center of glasses, but also *straight* through them—never obliquely. Then again the frames should hold the glasses far enough in front so the lashes can not rub upon them. This is often a source of great annoyance to people. Nose glasses are objectionable because it is impossible to make the nose-frames hold the glasses properly before the eyes. *Straight through the center of the glasses* is the rule for fitting frames to the face. Judging from what I have seen, some opticians must have a very imperfect idea as to how spectacle frames should fit the face.—Editorial, *St. Louis Med. and Surg. Journal*.

MEDICAL JOURNALISM.

Some idea of the vastness of medical periodical literature at the present day may be formed from the fact that on September 2 the Trustees of the Newberry Library at Chicago ordered two hundred and eighty-five journals dealing solely with the healing art in its various branches to be regularly supplied to the institution. Of these 95 are published in the United States, 59 in Germany, 47 in France, 20 in Great Britain, 15 in Austria, 13 in Italy, 7 in Belgium, 5 in Canada, 4 in Spain, 3 in Norway, 3 in Sweden, 3 in Denmark, 2 in Switzerland, 2 in Australia, 1 in India, 1 in Mexico, 1 in New Zealand, 1 in China, 1 in Japan, and 1 in Africa.—*British Med. Journal*.

A SPRAY of chloroform, ten, ether, fifteen, menthol, one, produces complete anæsthesia of the skin lasting for from two to six minutes.—*Pittsburg Med. Review*.



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Original Articles.

HEADACHE—ASTIGMATISM. THE KERATOSCOPE.

A Paper read before the Academy of Medicine, November 3, 1890,

BY

CHAS. W. DODD, M.D.

Formerly Clinical Assistant in the Eye Department of the Vienna General Hospital; Clinical Lecturer on Ophthalmology in the Cincinnati College of Medicine and Surgery; and in the Woman's Medical College of Cincinnati.

In the present age, when *time* is an all-important factor; and when new methods and instruments are constantly being introduced for expediting and facilitating our labor, it requires care and experience to select such as are of real worth. We often find that the most practical and useful are also the most simple; but this very simplicity may sometimes be a cause for their being overlooked, as in the case of the instrument of which I wish to speak this evening. It has been in use for more than ten years; but, so far as I can learn, is as yet practically unknown to the profession in this country. Though especially designed for the use of the oculist, and of the greatest value to him, it is in its use to the general practitioner as an aid to diagnosis that I desire chiefly to draw attention.

The subject of astigmatism is of special interest to all practitioners of medicine, inasmuch as it is one of the most frequent etiological factors of headache. It is not my purpose in this paper to discuss astigmatism, nor to dwell at any length upon the relation of astigmatism to headache, for this I consider an accepted and established

fact. If any one is skeptical, however, I would refer him to Weir Mitchell's convincing articles in the *Medical and Surgical Reporter* of August 1, 1874, and in the *American Journal of the Medical Sciences* for April, 1876. Chronic cephalalgia belongs to the class of obscure and difficult cases requiring very careful examination. Experience proves that it is often due to astigmatism.

Within comparatively few years it has become a recognized fact that astigmatism is a widespread and serious affliction, congenital to a large number of the human race. It is therefore of great importance that every physician should consider this in his examinations and be prepared for detecting its presence. For this purpose I know of nothing more efficient than this simple instrument called the keratoscope; and I hope the day is not far distant when it will be more generally known and appreciated by the profession. Any means which serves to facilitate accurate diagnosis is a long step toward performing a cure.

Of the various causes which give rise to chronic cephalalgia, the most frequent are ocular defects; and because the eyes are so rarely suspected of being concerned in the trouble (or at most in only a secondary way,) such cases often prove the most obscure. The patients themselves not complaining of their eyes, these organs are apt to be passed by with the most cursory examination; this is partly because the close relationship existing here between cause and effect has until lately not been realized; and partly owing to inefficient means for making examinations. This is pre-eminently true of the special ocular defect we have under consideration, and the very one most productive of ill-effects.

Astigmatism has always been the *bête noir* of the oculist, owing to unsatisfactory means for its recognition; so it is not surprising that the general practitioner has allowed it a wide berth.

In the past few years there have been numerous instruments devised, known as ophthalmometers, for the purpose of obtaining very exact measurements of the eye-ball; some of these are beautiful specimens of mechanism, and some among them have proved of practical value; but they are all too complicated, and, moreover, have the impractical feature of being very expensive (two conditions which will always stand in the way of their general adoption,) but they all have one feature in common, namely, a dependence upon the mirror-like action of the cornea. It is upon this property of the cornea that the action of the keratoscope depends.

Let us recall our knowledge of optics as applied to curved mirrors, and the principles upon which the keratoscope depends become readily understood. All of us at one time or another have beheld the ludicrous distortion of our bodies when viewed in a mirror having a curved surface (not the surface of a sphere, but of a cylinder); we saw ourselves looking tremendously tall and thin, or in a corresponding degree short and fat; the two extremes depended upon the position of the mirror; the distortion existed in the direction of curvature, while in the direction of the *axis* of curvature there was no distortion. The image reflected from a convex mirror is diminished in size in proportion to the degree of curvature; the stronger the curvature the greater the reduction in the size of the image; and, conversely, the less the curvature of the mirror, or the nearer it approaches a plane surface, the more nearly is the reflected image the same size as the object. If we have a mirror which is the surface of a perfect sphere, an image reflected from it will be reduced equally in all meridians. This is practically the form of a perfect cornea, its surface being a mirror which is the section of a sphere; an object reflected from it will show an image equally reduced in all

directions. If, now, the curvature, instead of being equal in all meridians, is a trifle greater in one of them, the part of an image reflected in this meridian will be more reduced than in all the others. *Any variation from an equal curvature in all the meridians of the cornea establishes the condition known as astigmatism.* The most familiar example that I can suggest of a curved surface having meridians of unequal curvatures is the side of an egg; from end to end its degree of curvature is much less than the equatorial curve, and between these extremes is an even increase or diminution. Let us now suppose a cornea with a surface similar in curvature to the side of the egg; the image of an object reflected in it will be unequally reduced, most in the meridian of strongest curve, and least in the meridian ninety degrees removed. Suppose, now, the object reflected is a circular disk; if the reflecting cornea is perfectly curved, the image seen will be circular like the object, but if the cornea is like the surface of the egg the image of the disk will be more reduced in one meridian than in all the others, and the effect is an *oval image* instead of a circular one. The direction of the *longer diameter* of the oval is the corneal meridian of *least curvature*, and at ninety degrees to it, is the meridian of strongest curvature.



This explanation of the *shape* of the image reflected from the cornea, reveals the whole principle of the keratoscope.

The instrument is simply a circular disk, of about nine inches in diameter, made most easily from heavy cardboard; on its face are drawn several concentric rings, alternately black and white, each ring about one-half an inch wide; the centre is perforated by a one-half inch hole, through which observation is made; and for convenience in holding, a handle is attached to its edge. To examine an eye, the patient is placed with his back to a window, the examiner holding the keratoscope squarely in front of the patient's eye and about eight or ten inches away from it; he looks through the central hole carefully at the image of the keratoscope on the cornea; if the small picture of the keratoscope is seen as a perfect circle, no corneal astigmatism exists; but if the image has the form of an oval we may be certain of astigmatism being present; and, furthermore, of the *exact position* of the meridians of greatest and least curvature. The length of the oval gives an approximate idea of the amount of astigmatism, but the variety (whether myopic or hypermetropic) must be determined by other means; the shadow test is perhaps the quickest and most reliable for this determination. For the final estimation of the amount of astigmatism present, nothing can take the place of trial-lenses. Should we find, instead of perfect circles, or sharply-defined ovals, that the corneal picture is made up of wavy or undulating circles, the condition is that unfortunate one known as *irregular astigmatism*; it is generally the result of old corneal inflammation or ulceration, and it is rarely possible to benefit such eyes by glasses.

One form of astigmatism which is not recognizable by means of the keratoscope is that caused by the crystalline lens; fortunately, such cases are not of frequent occurrence, for this form of astigmatism is usually irregular and non-remediable by glasses.

In cases where the astigmatism is of low degree, the delicacy of the keratoscopic test is increased by alternately advancing and withdrawing the instrument toward and from the eye under examination.

A slight addition which I have made to the instrument (though not at all essential) is an arrow moving around the face of the disk and pointing to the exact angle corresponding to the long diameter of the oval image.

In looking up the history of the instrument, I find the earliest mention of it was in 1880, when a description of it by its inventor, an Italian named Placido, appeared in an Italian ophthalmic journal.

So simple and inexpensive is the construction of the keratoscope that any one who will devote a few hours' time may make one for himself, and after giving it a fair trial will, I am satisfied, never abandon its use. It is the only instrument which renders astigmatism a purely objective symptom; with all other tests we are dependent upon information given by the patient; or when using the ophthalmoscope we have to do with the combined influence of refraction and accommodation. These are factors which are entirely eliminated from the keratoscopic test.

In conclusion, just a few words to emphasize my reasons for presenting this subject to the Academy, composed as it chiefly is of gentlemen not directly interested in ophthalmology. No one subject is of more general interest to the profession at large than that of headache; for no other ailment are medical men more frequently consulted; yet how often medicines fail to effect a cure. These failures would be much less frequent if the relation between cephalalgia and ocular defects was more generally recognized. The object of this paper is to introduce an easy and certain means for the recognition of astigmatism, the optical error which is most productive of ill effects; if it shall in any degree serve to make the existence of such a means more generally known to the profession its purpose will have been fulfilled.

The keratoscope is not entirely unknown on this side of the Atlantic, as a description of it appears in Noyes' recent excellent work on the eye, but this is the only allusion to it by an American writer that I have met with. My own experience with the instru-

ment, after three years' use, has been so satisfactory that I employ it in all examinations for refraction.

34 W. Eighth Street.

[FOR DISCUSSION SEE P. 763.]

OPERATION UPON CYST OF THE BROAD LIGAMENT.

REPORT OF A CASE, WITH RECOVERY.

A Paper read before the Cincinnati Medical Society, December 9, 1890.

BY

RUFUS B. HALL, M.D.,

CINCINNATI.

Mrs. B., aged thirty-six; widow for past nine years; mother of one child eleven years old. She has never been a strong woman, and says that she has had more or less pelvic pain for five or six years, for which she has been treated at various times. On February 12 of this year she presented herself at the gynecological clinic of the Miami Medical College, complaining of pain in the right side of the abdomen of a sharp, lancinating character. Upon examination the uterus was found to be enlarged and somewhat fixed and pushed towards the left side of the pelvis by the enlargement on the right side. This enlargement was fixed and very sensitive to pressure, and appeared to be about three or four inches long and about the same in breadth. She had been losing flesh for the past six weeks on account of the pain, which was so severe that she could not rest unless she was under the influence of morphia, and she slept but little. She was compelled to work in a cloak factory, as this was her only means of support.

She was ordered the usual remedies for the relief of pain, with tonics, and advised to discontinue her work and rest for a time, which she could not do, as she had no means of support unless she was constantly employed. She was given local and constitutional treatment, with the hope of relieving the pain, but it steadily increased.

She was a regular attendant at the clinic up to April 19. By that time she was suffering so much that she was

unable to go to her work. I advised an operation, which she consented to. She entered the Cincinnati Free Hospital for Women April 22, and the operation was made on the 24th. Upon opening the abdomen I found an intra-ligamentous cyst of the right side the size of a large tea-cup. The peritoneum was divided over the cyst and it was enucleated with considerable difficulty, except a small attachment to the uterine side. This small portion, which was not larger than the little finger, was ligated and divided.

The patient made a rapid and easy convalescence. She was able to leave the hospital in the fourth week, has since married, and is now in perfect health.

The peculiarity in the case is centered in the fact that she suffered so much pain from this small cyst. While it is well known that broad-ligament cysts usually cause more pain than ovarian, yet it is quite uncommon to have one so small as the one presented to-night to demand removal for the relief of the pain. I have had but three cases in my own work of intra-ligamentous cysts before this case, and one since this operation; they were all very much larger than this one. They ranged in size from six to twenty-five pounds, except the last one, which would weigh about two pounds; and none of the patients suffered extreme pain as did this one.

I present this specimen so that you may see from the condition of it that it is wholly devoid of *peritoneum*. An intra-ligamentous cyst no larger than this must be dug, as it were, out of the broad ligament.

I present another one here also to-night, which is much larger than the first one shown. This one, as you see, is as large as a cocoanut. It was removed quite recently, and is comparatively a fresh specimen. I do not want to report the case to-night, and only show the specimen to illustrate the point taken by me in the discussion upon this subject before the Society a few weeks ago, when one of the members of the Society presented a cyst no larger than the large one presented to-

light, in which he claimed it was an intra-ligamentous cyst. His specimen was covered by peritoneum over every portion of it except the pedicle when presented. It had as nice and narrow a pedicle as any operator could ask for. I maintain that no cyst of that size, with such a pedicle, and the cyst covered with peritoneum when it was presented to the Society, could have been an intra-ligamentous cyst.

In contrast, and to sustain my point, I present these specimens. You will observe that the large one is covered with peritoneum over a space no larger than a half-dollar, just where it was attached to the uterus, and every other portion of the cyst was dug out of the folds of the broad ligament, and as you see, presents a ragged surface in contrast with the smooth surface covered with peritoneum. Again, an operation for the removal of a cyst with a pedicle and no adhesions is quite a different procedure from the removal of a cyst like those presented to-night.

It has been said by men of vast experience that the operation of removal of intra-ligamentous cysts is the most trying, difficult and dangerous of all the abdominal operations; with an experience of but five cases I am willing to endorse most emphatically that statement. They are the cases which die on the table; from shock due to the prolonged operation and loss of blood. They are more likely to develop sepsis than other abdominal operations, or the operator is unable to enucleate all of the cyst and is compelled to cut away the greater part of it, stitching the base to the lower end of the incision, and not a few thus treated die from sepsis. They are the cases that put to the test the courage and skill of the operator as no other operation with which I am acquainted is capable of doing.

[FOR DISCUSSION SEE P. 765.]

To our Readers:

Make a suggestion to your County medical society that they have their papers and discussions for the ensuing year published in the LANCET-CLINIC.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of November 3, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

J. M. FRENCH, M.D., Secretary.

The Keratoscope.

DR. CHAS. W. DODD presented to the Academy a keratoscope, and in a suitable paper explained its uses (see p. 759).

DISCUSSION.

DR. S. C. AYRES stated that he had made some use of the instrument. He thought it had a value in examining children and persons of rather low intellectual development, but it gives us no idea of the form of astigmatism which exists, or of the degree of it; hence, it can serve only as the first step in the examination. In the more minute examination we must resort to the ophthalmoscope and to test types and lenses. Astigmatism, the speaker added, is a frequent cause of headache, and is a condition which exists much more frequently than we generally suppose. Fully 25 per cent. of the individuals who have errors of refraction have astigmatism.

DR. J. T. WHITTAKER desired to hear something more about the connection between astigmatism and headache. The instrument exhibited is certainly simple and ingenious. It had not, however, been the speaker's experience that errors of refraction are a frequent cause of headache. He found most cases of headache in individuals who are working and are not using their eyes to an unusual extent. Headache is generally due to slow malarial or blood poisoning. He had found that if he sent twenty cases of headache to the oculist, errors would be found in many of them, but each case would return to him with the headache just as it was before the correction of the ocular error.

DR. AYRES stated that he could not say just how many cases were relieved

by glasses, or what was the exact proportion of each error as a cause of headache. He had, however, found many cases in which the adjustment of glasses did not relieve the symptoms. There are a great many cases of muscular disturbance, as well as errors of refraction; and want of balance between the internal and external muscles is more frequently the cause of the disturbance than any refractive error. This is, further, the most difficult error to relieve. We have all heard of the claims of Dr. Stevens, of New York, who has received much censure. The speaker did not take so extreme a position as did this gentleman with regard to the dependence of nervous disturbances on ocular defects.

DR. LEOPOLD JOSEPH thought keratotomy only a rough method of finding out that there is astigmatism of the eye. In regard to headache, we cannot generalize; all headaches are not due to astigmatism, and astigmatism does not always produce headache.

The method of determining refraction frequently used now is "Skiascopy" or "shadow-test." This method makes the use of the keratoscope superfluous.

DR. T. L. BROWN reported a case of what he regarded as a malarial headache, in which, however, periodicity was not a symptom of the trouble. At one examination he made a few marks, parallel lines, on a sheet of paper, and discovered that the individual had astigmatism. The patient went to Dr. Ayres, had glasses adjusted, and has not since suffered from headache.

DR. A. B. RICHARDSON thought we ought to take into account the origin of the astigmatism in determining whether the relief of the defect is likely to relieve the headache. Astigmatism is more frequent in individuals of the neurotic temperament; the same is true of muscular defects. He therefore thought that in these cases the error of refraction was a part of defective development of special senses, and the imperfect development of the terminal organ is in such instances simply an indication of a neurotic diathesis, and as a consequence of that it does

not always follow that relief of this error will remove the neurotic tendency in a central organ. The speaker had seen a case during the day of a woman who consulted him for a peculiar distressed feeling in the head. She wore glasses, and sometimes had headache if she laid them aside; but the glasses did not relieve the deeper pain of which she complained.

DR. DODD, in closing the discussion, said that he hoped he had not been so misunderstood as to assert that all headaches are caused by astigmatism; he only claimed that it is one of the most frequently occurring causes; and he believes that it is more often productive of headache than any other one condition.

Hypermetropia, as to its relative frequency with myopia, is, in this country, the more common error; but in Europe, especially in Germany and Austria, the cases of myopia far outnumber the hypermetropes. He thinks the ratio between the two conditions, on opposite sides of the Atlantic, to be just about reversed. Astigmatism is a condition that has nothing whatever to do with myopia or hypermetropia; it should always be considered entirely apart from them. He did not claim that the keratoscope furnished a final test for the degree of astigmatism, but merely that it supplied a quick means for detecting its existence and position, and that afterwards it was necessary to resort to test-lenses for final determination.

TREATMENT OF PEDICULI PUBIS.—The following is said to be recommended by Brocq in *Revue Thérapeutique Médico Chirurgicale*:

R Vinegar, 5,000 parts.
Corrosive sublimate, 1 part.—M.

CASTOR OIL AS A MENSTRUUM FOR COCAINE.—To lessen the irritation caused by a cicatrix rubbing over a corneal ulcer, Dr. S. Mitchell, in *Boston Med. and Surg. Jour.*, says he employed a solution of cocaine in castor oil; this relieved the pain and permitted the ulcer to heal after other solutions had been tried in vain.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of December 9, 1890.

The President, MAX THORNER, M.D.,
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. RUFUS B. HALL reported an
*Operation upon Cyst of the Broad Lig-
ament* (see p. 762).

DISCUSSION.

DR. N. P. DANDRIDGE: Could you ligate the cyst, or did you simply enucleate it?

DR. HALL: I enucleated every portion except a part as thick as your little finger at the uterine side of the cyst.

DR. E. S. RICKETTS: What was the condition of the opposite ovaries in these four cases you operated upon.

DR. HALL: In all the cases except one the opposite ovary was healthy, and therefore did not require removal. The last case had a history of inflammatory disease of the appendages extending over a period of a number of years. The opposite side contained pus and was removed.

DR. DANDRIDGE: I was not present when the other case was presented, and do not believe I appreciate the point of diagnosis in question.

DR. HALL: There was a cyst presented that had had a very narrow pedicle and was all covered with peritoneum except where the pedicle was divided, and was claimed to be an intra-ligamentous cyst. I claimed it could not be such.

DR. DANDRIDGE: Was the fact that the cyst was covered with peritoneum, or the fact that it had a pedicle, the grounds of the difference? It is a fact that intra-ligamentous cysts are covered with peritoneum.

DR. HALL: Yes; before they are removed they are covered with peritoneum, but a cyst of that size when presented to the Society can not be covered with peritoneum and be an intra-ligamentous cyst. The fact that it was covered with peritoneum and had a pedicle settles that fact.

DR. E. S. RICKETTS: I wish to speak in regard to a point in the pathology of these tumors. Some one has taken the view that the simplest explanation is that they are all ovarian; that they can develop upwards, or develop towards the uterus, or down into the broad ligament. There is one thing certain, and that is that in what we are taught are intra-ligamentous cysts the removal is a very serious operation.

Discussion on Pathology of Tuberculosis.

(See Dr. Joseph Eichberg's paper, LANCET-CLINIC of December 6.)

DR. WM. CARSON: A proper tribute to the paper read at the last meeting by Dr. Eichberg would be something more than mere transient remarks. We are all interested in the subject, and have all had more or less experience with it. It is hardly worth while to go into the history of the subject, which is very lengthy.

There have been many varieties of opinion as to how inoculation was produced. All experiments on animals did not exactly reproduce the clinical observations observed in human subjects. As an incidental remark, I would say that the history of the subject to the present time goes to prove that the valuable discoveries of experiments on animals ought to forever close the mouth of the anti-vaccinationists.

Koch's results in 1882 were considered to settle the especial element in the matter that produced the inoculability. It proved that the bacillus tuberculosis was very intimately associated with the reproduction of phthisis. The questions as to cause and effect, however, are not entirely settled by some persons.

There must be a soil fitted to the growth and development of the seed planted there. There must be something more than the bacillus to bring about the clinical forms associated with phthisis.

It is carelessly said that heredity has nothing to do with phthisis. We are so familiar with it that it has come to be an accepted law that "like produces like." Heredity is one illustration of

that law. There was a man in this city, now dead, with absence of the fingers on one hand. He has a daughter who has two children with the same peculiarity. The history of this family shows that further back this same peculiarity existed. It has recently been stated that the bacillus tuberculosis has been found in the fetus, and this is used to explain its hereditary nature.

If the bacillus is so active and capable of such serious effects, why does it not affect persons who have long been subjected to some chronic disease, as, for example, bronchitis? Pneumonia will impair the constitution very seriously. There is a chance for the lodgement of the bacillus tuberculosis, and yet most of our cases of pneumonia escape. Take other diseases that do not affect the lungs, and we find that they are rarely affected with tuberculosis. Acquired phthisis may occur. It is agreed that the disease is in some way an infectious one, though not always so. The infectious element will vary in different individuals. Some are more liable than others, showing that there is something in the constitution of the individual making him susceptible.

In regard to cancer and phthisis, there has been an idea held by some that the two are antagonistic. I have seen phthisis in one member of a family and cancer in another; or cancer in one generation and phthisis in another. I think there is, in some way or other, a relation between the two, but what it is we have not yet found out.

DR. EICHBERG: Have you ever seen any cases reported in which cancer and phthisis occurred in the same subject?

DR. CARSON: No; I don't think that ever occurs.

DR. N. P. DANDRIDGE: There are few subjects of more importance than tuberculosis. I speak from a surgical standpoint. In nearly all cases of tuberculosis of the joints the bacillus tuberculosis is found. Under favorable circumstances we find that the tubercular tissue is short lived. Surrounding the tubercular infiltration is an inflammatory process. After it has developed to a certain extent it is beyond our control. There is a tendency also of tubercular

tissue undergoing caseation, another proof of its being short lived.

The general infection which sometimes follows operative interference often follows quite rapidly. In tubercular disease it is well to remove all the tubercular tissue; yet in many cases the removal of all the tissue is impossible, and yet we get good results.

DR. C. P. JUDKINS: I have certainly seen men who were susceptible to certain forms of disease, although they were exposed to other forms. Some years ago, when I was physician to the pest-house during a small-pox epidemic, there was a young working girl brought to the institution with a well-marked case of semi-confluent small-pox. She stated that she had had an attack of small-pox previous to this one. Before we could get that girl out of the pest-house she had three more attacks of semi-confluent small-pox. We had her hauled away before the fifth attack, and she had no further attacks.

I am a firm believer in heredity in tubercular disease. A perfectly healthy man contracts no disease. A man can not contract any disease if the conditions are not favorable for that disease. The bacillus alone cannot produce the tubercular condition. There must be the condition present that will favor the disease.

DR. DANDRIDGE: In joint diseases we find that with a limited tuberculosis the patients are able to overcome the special inclination to general tuberculosis in a great many cases. Some condition must be present in the tissue to enable the bacillus to establish itself there. Heredity may also play a very important part in making special localities of the body prone to take on the tubercular process.

DR. EICHBERG: The main points brought out in the discussion agree so fully in details to the paper that not much remains to be said. The general dissemination of tuberculosis from a local process is illustrated by the experiment of Cohnheim by inoculating the eye of a rabbit.

SUBSCRIPTIONS to the *Lancet-Clinic* may be commenced from any date.

Selections.

KOCH AND HIS METHODS.

An extra edition of the *Philadelphia Medical News* of December 20, 1890, contains an abstract of an address by Sir Joseph Lister published in full in the *London Lancet* of December 13. It has been received by cable dispatch and may be considered the latest reliable information from abroad.

After some preliminary remarks about his journey to Berlin, Sir Joseph Lister said that the effects of Koch's treatment upon tubercular disease were simply astounding. As an example, he cited cases of extensive lupus of the cheek, in which two days after the injection the diseased surfaces became covered with crusts of dried serum, with no inflammation elsewhere. In cases of strumous glands in the neck the injections caused swelling of the glands with redness of the skin over them and pain. In gelatinous disease of the knee-joint similar effects are observed, only the tubercular tissue being affected.

The systemic effects which follow the injections are severe for a few hours, and consist in transient fever, pains in the limbs, shivering, nausea, and sometimes vomiting. The usual dose of the lymph is one-thousandth of a gramme diluted with water to one gramme. The method is useful in the diagnosis of suspected latent tuberculosis. The therapeutic effects on lupus are separation of the crusts, leaving a more or less sound scar. In tubercular joints the swelling diminishes. In phthisis the sputa becomes scantier and more mucous, the bacilli diminish in number, the sweats disappear, the patient gains in weight, and the physical signs of pulmonary tuberculosis vanish.

The important questions are, How far are the effects permanent, and, What are the limits to the curative power? Diseased tissue is expelled by sloughing or is absorbed; spontaneous expulsion of deep-seated caseous masses

being impossible, fresh infections would demand further and indefinitely prolonged treatment for the production of immunity from tubercular infection.

If it is true that the living but diseased tissues surrounding the tuberculous masses are acted on by the remedy, and are rendered capable of resisting the development of the bacilli, then caseous masses would remain harmless as regards further infection, and tubercular disease would be definitely cured, for immunity is wanted to make the treatment perfect. Immunity has been attained in guinea-pigs by very large doses, and perhaps could be attained in man by gradually increasing the size of the doses. Acquired tolerance is best shown by the greatly increased dose borne after several injections. It would seem probable that by steadily pushing the dose a degree of tolerance might be attained equal to immunity.

Sir Joseph Lister then continued as follows:

There is another line of inquiry from which I cannot help hoping for good results. Through Koch's great kindness I had the opportunity of penetrating into the arcana of the Hygienic Institute of Berlin, where I saw most beautiful researches carried on in that institution, of which Koch is the inspiring genius. I saw things which, while they excited my admiration, made me also feel ashamed that we, in England, from one circumstance or another, are so greatly behind our German brethren.

The researches to which I desire especially to refer are still in progress, and fresh facts are accumulating day by day, though they have not yet been published. I am not at liberty to mention details, but there can be no harm in my saying this much: that I saw in the case of two of the most virulent infective diseases to which man is liable, the course of the otherwise deadly disease cut short in the animals on which the experiments were performed, by the injection of a small quantity of material perfectly constant in character: an inorganic chemical substance, as easily obtained as any

article in the materia medica. Not only this, but by means of the same substance these animals were rendered incapable of taking the disease, and under the most potent inoculations perfect immunity was conferred upon them.

I suspect that before many weeks have passed the world will be startled by the disclosure of these facts if they can be applied to man, although our experience of the different behavior of Koch's fluid in guinea-pigs and in the human subject makes this a matter of uncertainty until tested by experiment. But if they can be applied to man, the world will be astonished, and the beneficence of these researches will be recognized everywhere.

At the present time Koch is engaged in the earnest endeavor to produce his remedy for tubercle by some process which could be divulged without the risk of the public being supplied either with material useless from its inertness, or, on the other hand, a deadly poison. Koch, I believe, would not have published his method had it not been for the great pressure brought to bear upon him, until he could produce it in a form capable of being revealed in every detail.

It is nothing but the fear that by publishing now the specific mode of preparing this material he might do immense harm instead of good, that prevents him from making it known, and I must say that the carping criticism against Koch, on account of what is spoken of as a "secret remedy," can only proceed from absolute ignorance of the beautiful character of the man. If it should happen that, as with the other diseases to which I have referred, so with tubercle, complete immunity should be obtained by means of some inorganic chemical substance which anyone can prepare, then would be achieved the complete triumph of the treatment of tuberculosis; and, for my part, I rejoice that we are permitted to look forward with hope to that glorious consummation.

REDUCED rates are *only* for those who pay *in advance*.

PRACTICAL METHOD OF STAINING TUBERCLE-BACILLI.

A method of staining tubercle-bacilli which is very desirable because of its practicability, is described by Dr. M. Friedländer (*Therap. Monatshefte*, 8, 1890). Its value is further enhanced by the fact that it does away with the inconvenience of the handling of cover-glasses, which become superfluous, and the rapidity with which the preparations may be made. Five or ten minutes are sufficient to prepare two specimens. The required solutions are: (a) Ziehl's solution, consisting of a mixture of a 5 per cent. carbolated water with an alcoholic fuchsin solution short of precipitation; (b) a mixture of five gm. chemically pure nitric acid with one hundred gm. 80 per cent. alcohol; (c) a concentrated solution of methyl-blue in water.

The mode of procedure is as follows: With a pincette or needle a minute portion of the sputum to be examined—a piece about as large as the head of a pin—is placed upon and evenly spread over a carrier, so that it covers as much space as a dime. It is now exposed to the air for about two or three minutes for the purpose of drying it, during which time the second preparation may be made. The air-dried specimen is three times slowly carried through the flame of a Bunsen burner or a spirit lamp; this done, it is covered with two or three drops of the fuchsin-solution and placed, moist side up, above the flame until the water of the solution rises in vapor. The preparation is then immersed in water for a moment, rapidly withdrawn, and covered with a few drops of the acid-alcohol mixture, which is allowed to remain for about half a minute until apparently complete discoloration has taken place, when the mixture is rinsed off with water. Now several drops of methyl-blue are placed upon it and permitted to act without the application of heat, until the second preparation has reached the same stage of completion. Then it is washed in water, and dried with blotting-paper and the flame. It is then covered with a drop of cedar-

oil, leaving the cover-glass away entirely. The extent of the preparation generally enables complete examination of the sputum with two slides.

—*Pittsb. Med. Review.*

SOME APPLICATIONS OF HOT WATER.

Headache almost always yields to the simultaneous application of hot water to the feet and back of the neck.

A towel folded, dipped in hot water, wrung out rapidly, and applied to the stomach, acts like magic in cases of colic.

There is nothing that so promptly cuts short congestion of the lungs, sore throat, or rheumatism, as hot water when applied promptly and thoroughly.

A towel folded several times, and dipped in hot water, and quickly wrung out and applied over the toothache or neuralgia, will generally afford prompt relief.

A strip of flannel, or napkin folded lengthwise, and dipped in hot water, and wrung out, and then applied round the neck of a child that has the croup, will sometimes bring relief in ten minutes.

Hot water taken freely half an hour before bed-time is helpful in the case of constipation, while it has a most soothing effect upon the stomach and bowels. This treatment, continued a few months, with proper attention to diet, will cure any curable case of dyspepsia.—*Med. Age.*

SEVERE TRAUMATIC SCIATICA CURED BY THE REMOVAL OF A SPICULUM OF BONE FROM THE EDGE OF THE GREAT SACRO-SCIATIC FORAMEN.

Dr. Bland Sutton communicated the details of this case to the Clinical Society of London. The patient was chief mate of a sailing vessel. Soon after leaving St. Vincent the head of his left thigh bone was dislocated by a "derrick boom" falling upon him. An earnest but rough attempt was made by the crew, directed by the captain, to reduce the dislocation, but this

failed. A few days later reduction was effected under chloroform, at a hospital in the Canary Islands. After the accident the patient suffered great pain in the thigh and leg in the course of the sciatic nerve and its subdivisions. This he endured for six months. The patient then came under Dr. Bland Sutton's care, who made an exploration of the great sacro-sciatic foramen by an incision through the buttock, the patient being placed in the position of a body when the gluteal region is being dissected; this position greatly facilitated the steps of the operation. A spiculum of bone fifteen millimètres long was found at the edge of the foramen in such a position that the point was pressed into the nerve when the limb was extended. The spiculum was removed with bone forceps, the cut edges of the gluteus carefully sutured with gut, and the wound closed. The patient made a rapid recovery, lost all his pain, and resumed his work.—*St. Louis Med. and Surg. Journal.*

THE PROPER TIME TO ADMINISTER QUININE.

In the *Annales de Thérapeutique Médico-Chirurgicales*, July, 1890, Charpentier gives the following directions as to the administration of quinine:

1. The action of quinine is chiefly felt about six hours after its ingestion, and for this reason it should be given, not at the time of an expected malarial paroxysm, but six hours before.

2. In the case of quotidian fever the quinine should not be given six hours before the chill, but eight hours before, so that the full effect may be present two hours before the chill, for though the chill is the apparent onset, the real onset is still earlier.

3. When the fever is tertian, Charpentier thinks that the quinine should be used twelve hours before, and where it is quartan, eighteen hours before the attack is expected.

The drug should be given in massive doses, not in fractional doses, for the reason that it is rapidly eliminated by the urine, and in small amounts would

have no effect; although when the stomach is too irritable to stand heroic amounts, fractional doses should be given every three-quarters of an hour.

POWDER FOR MIGRAINE.—The following powder is recommended in *La Medicine Moderne* for the treatment of migraine:

R Citrate of caffeine, $1\frac{1}{2}$ grain.
Phenacetin, 2 "
Sugar of milk, 4 " M.

To be made into one powder. This dose may be repeated, if necessary, in the course of two hours.—*Med. Age.*

A SIMPLE OINTMENT FOR PRURITUS.—Balfour reports that he has almost never failed to obtain prompt relief, in cases of pruritus of the anus and vulva, from an ointment containing eighty grains of calomel to the ounce of vaseline or other unguent.

SPECIAL NOTICES.

FOR SALE.—My residence, office, and all necessary out-buildings, and my medical practice, which now exceeds in fees over five thousand dollars annually. The property alone is worth at least five thousand dollars, and is situated in the famed Blue Grass region of Kentucky, eight miles from any large town, in a wealthy farming community, thickly populated, with good macadamized roads; depots of two railroads in less than a half mile; convenient to churches and schools. Will sell the property and practice for five thousand dollars cash, or notes for one-half with good surety. Correspondence solicited, and will cheerfully give all information desired. Address BLUE GRASS, in care of this journal.

Do'NT you forget that the subscription price of the LANCET-CLINIC is but \$3.00 per year if paid strictly in advance. Delay increases the charge to \$3.50 per year.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
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THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

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DR. J. C. CULBERTSON,
EDITOR AND PUBLISHER,
199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, December 27, 1890.

The Week.

A NEW CITY CHARTER.

A body of gentlemen, composed exclusively of merchants, manufacturers, bankers, railroad men and attorneys, under the name of the Commercial Club, have taken it upon themselves to formulate a new charter that is for the purpose of re-organizing our form of city government. The undertaking is highly commendable, and worthy of success. The plan proposed is known as the federal adaptation to municipalities.

We observe in the plan a careful provision for an attorney, as solicitor, to look after the legal interests of the city. This is necessary and right, but we note with regret that there is not a corresponding medical officer named, with executive authority, to guard the physical welfare of the people. If one is more important than the other, even from a financial standpoint, it is that of the medical department. For the public good this should be as independent a department of the city government as that of the solicitor.

The occurrence of a single epidemic

of contagious disease, such as cholera, small-pox, yellow fever or malignant scarlatina, will, at any time, cost the city, in actual money, as much as a financial disaster of magnitude; to say nothing of the sorrow, mourning and distress of the people.

An efficient health department has the power to avert many threatening calamities of this nature, and the importance of such a service, when efficiently administered, cannot, by any application of arithmetical rules, be estimated.

There is no sort of propriety or good judgment displayed in putting the health officer under the direction of a board composed of men who have in charge the city's business affairs.

The health officer should be free from all entangling alliances, and appointed in precisely the same manner and for the same length of time as the solicitor, with the same salary, and with the same authority in the appointment of assistants. The city has grown to metropolitan proportions, and with this growth there has come a corresponding growth of work that should be done by the health office in the direct interest of the most vital affairs. A single epidemic of yellow fever or other virulent disease would cost more money than a well-regulated health department in a score of years, and such diseases and epidemics are now largely under the control of skilled sanitarians.

The health department should have a very close connection with the management of all hospitals, both public and private, and all eleemosynary institutions, and act as a sanitary inspector of all buildings, particularly including churches, public halls, hotels, school, lodging, and tenement houses.

Cincinnati has a most beautiful loca-

tion, on the banks of a large river, and surrounded with hills that are being threaded with rapid transit roads that are carrying people out to new homes in a new city that demands most careful sanitary supervision.

The dairy interests are being crowded out of their old localities, and require constant supervision on the part of the health department of the city. And in order that this departmental service shall be of the greatest value to the entire people, it should be independent in its administration, and not subject to the control of men who have had neither professional training nor opportunity for obtaining the special knowledge that should control all the acts of the city health officer. Besides, the Board of City Affairs will always have enough to do in the management of other departments that naturally belong to them to supervise.

The medical profession, as a body, are usually very dilatory in all matters pertaining to public office or affairs that smack of politics; they dread and fear a contamination that should not exist. Their individual interests are equal with those of any other class, and in attainments and value of services to the city they are certainly not to be rated below those of the legal profession; while among the great mass of the people we know their relations are much more intimate, and, we may say, of much more value and benefit. We are not in the least under-rating or depreciating the usefulness of the services of the man who legally looks after the welfare of the pecuniary interests of the city, but hold that the services of the health department in a city government are paramount, and in equity and justice should receive in the new city charter the recognition that is due.

THE NATIONAL CENSUS, MEDICAL
ASSOCIATIONS AND JOUR-
NALS.

According to the latest returns, the population of the United States and Territories in 1890 is 62,622,650, distributed as follows (Alaska and Indian Territories not yet reported):

Maine, 661,086; New Hampshire, 376,530; Vermont, 332,422; Massachusetts, 2,238,943; Rhode Island, 345,506; Connecticut, 746,258; New York, 5,997,853; New Jersey, 1,444,933; Pennsylvania, 5,258,054; Delaware, 168,493; Maryland, 1,048,390; District of Columbia, 230,392; Virginia, 1,653,980; West Virginia, 762,794; North Carolina, 1,617,457; South Carolina, 1,151,149; Georgia, 1,857,353; Florida, 391,422; Ohio, 3,672,316; Indiana, 2,192,404; Illinois, 3,826,357; Michigan, 2,093,889; Wisconsin, 1,686,880; Minnesota, 1,301,826; Iowa, 1,911,896; Missouri, 2,679,184; North Dakota, 182,719; South Dakota, 328,808; Nebraska, 1,058,910; Kansas, 1,427,006; Kentucky, 1,856,635; Tennessee, 1,767,518; Alabama, 1,513,017; Mississippi, 1,289,600; Louisiana, 1,118,507; Texas, 2,235,523; Oklahoma, 61,834; Arkansas, 1,128,179; Montana, 132,159; Wyoming, 60,705; Colorado, 412,198; New Mexico, 153,593; Arizona, 59,620; Utah, 207,905; Nevada, 45,761; Idaho, 84,385; Washington, 349,390; Oregon, 313,767; California, 1,208,130.

In keeping with a saying that is trite, "Wesward the star of empire moves;" it is easy to see from the above that the centre of this great population is in the great valley between the Ohio and Mississippi Rivers; not only is the centre located here, but the States that are in this vicinity loom up with a population equal to one-third of the entire Nation. Our own city is shown to have a population of 472,510 within a radius of ten miles from the Postoffice, and within a radius of twenty miles more than half a million of people. The suburbs of the city extend in every direction twenty or more miles, and within that distance the country is rapidly being laid off in village and town lots. Rapid transit and cheap railroad fares are offering inducements for suburban residents that are telling. Within the area of the ten mile radius

the mail is delivered by carrier, and to most of the district three and four times a day, and to all twice a day.

* * *

Seventeen years ago this month the present editor of the LANCET-CLINIC became the proprietor of the *Lancet and Observer*. He found it in a fairly prosperous condition, having been continuously published as a monthly medical journal since May, 1841, and under the editorial care and management of such men as L. M. Lawson, its founder and editor for a number of years; of Shotwell, Blackman, Murphy, Mendenhall, Williams, and E. B. Stevens, the latter continuously for seventeen years. At the time of its founding there was no other medical journal published west of the Alleghany Mountains. Others had been started with fair prospects of success, but the country was new, mails infrequent, postage and paper high, and soon they were obliged to succumb to the piercing pangs of financial adversity. The early struggles of the managers and owners of the *Western Lancet*, the *Observer*, the *Columbus Medical Journal* and the *Indiana Medical Journal* are past finding out; but we know they were very great, and every year made frightful ravages on the modest incomes of the men who were responsible for their regular publication. But just in proportion as the country became populous, physicians increased in number, postal facilities improved, and after many years of labor and expenditure of large sums of money the *Lancet and Observer* began to produce a revenue, and with the increase of subscribers advertising became more liberal, so that seventeen years ago the *Lancet and Observer* was the most prosperous medical journal in the entire West, while in age the *Boston Medical Journal* and

the *American Journal of Medical Sciences* alone were its seniors.

During the past seventeen years the *Indiana Medical Journal* and the *Clinic* have been united with the *Lancet and Observer*. At the union with the latter journal the name *Observer* was dropped and that of *Clinic* substituted, and the issue changed from a monthly to a weekly. These consolidations or unions added to the strength of the journal, and practically gave it the support of nearly the entire medical profession of the populous Ohio valley and of all the States tributary to Cincinnati as a great interior city and commercial metropolis.

Some thirteen years ago Dr. E. B. Stevens, for so long a time editor of the *Lancet and Observer*, felt that there was an opening here for a journal to be entirely devoted to obstetrics and gynecology. The latter specialty was just coming into a healthy existence, and its votaries were brimfull of enthusiasm, having just organized a society in this city. The *Obstetric Gazette* was floated on the turbulent sea of journalism. After hard labor for eight or nine years, and meeting with a reasonable degree of support and success, its editor, living at Lebanon, some thirty miles north of his place of publication, on account of multiplied professional work reluctantly felt constrained to ask the editor of the LANCET-CLINIC to also take charge of the *Obstetric Gazette*, since which time it has been regularly issued every month from the LANCET-CLINIC office.

Believing that the field of all specialty journals in a special profession must, from the very nature of things, have a very limited sphere and influence, and be sustained by a comparatively small number in our profession, we have concluded that it is in the

interest of the entire profession that the work of all specialists should have the widest and most general circulation that is possible to be given. A division means limitation, and a union indicates a multiplication of readers.

Reasoning in this manner, we have concluded to unite the *Obstetric Gazette* with the LANCET-CLINIC, and issue but one journal instead of two, knowing full well that the union will materially add to the strength and value of the LANCET - CLINIC as a professional medium.

From our standpoint, and which we believe to be thoroughly impartial, we are led to regard the distinct organization of specialty societies and the sole publication of their proceedings in specialty journals as directly detrimental to the best interests of our profession, and even of the specialists themselves. Special work and special results from the possession and application of special skill should make itself known to the largest possible number, and this can only be done with satisfaction through the channels of journals having a large general circulation. There is very little that is new to be told by one specialist to another whose labors are in the same field, but very much of this common knowledge and practice among specialists may very properly, and with great profit, be made known in a general society and reported through the pages of a journal of large and general circulation.

THE subscribers of the LANCET-CLINIC are now receiving just four times as much reading matter in that journal as they did seventeen years ago, and for the same subscription price. The subscriber also then paid the postage on his journal, a material item that is now paid by the publisher. A

long subscription list benefits all subscribers more than anything else. See that your neighbor takes the LANCET-CLINIC.

1890.

This is the last issue of the decennial year. The event of the year has been the promulgation of Prof. Koch, with which our readers have been made familiar during the past two months. Aside from this,—one of the greatest discoveries ever coldly worked out in a scientific laboratory, the year has been one of activity all along our professional lines. In education, all of the reputable schools of medicine have lengthened their course of study, requiring three years of collegiate attendance, as well as a lengthening of each year's course of college instruction. In many of the schools the entire course has been graded, and the student's entrance inaugurated with a required preliminary examination, so that there has been a literal putting off of the old and a donning of the new. This is great cause for gratification and rejoicing.

Medical societies are active beyond any former period. The papers read and discussions elicited have been better than ever before.

Within our professional borders there has been no unseemly displays of strife and disgruntled spirits, giving satisfactory evidence that the white-winged messengers of peace and harbingers of good will have hovered over our land. Particularly has this been noticeable in our own immediate vicinity.

The growth of population and corresponding increase of numbers in our city, has given us a truly metropolitan character. With more than eight hun-

dred practitioners in Hamilton County, it is easy to realize that this is a focus of activity. This is very greatly enhanced by the fact that for more than seventy years this has been a centre of medical teaching, and a centre for medical societies, while the current medical literature that has emanated from Cincinnati has been much greater than from any other city west of Philadelphia. Of its character we are modest in our utterances, while we are very much pleased with the attestations of several thousand subscribers to the LANCET-CLINIC.

The fullness and character of our pages every week are something that we are modestly very proud of, while our advertising pages are in the service of the leading and best manufacturers and dealers in all physicians' supplies. It may be worth while for our readers to make some inquiry in regard to any such goods as are not there represented. Merchants and manufacturers who are not prominently represented in the regular and legitimate channels of trade are very apt to be either antiquated, belonging to the past, and rancid with age, or of the quack order, and not of our kind. At all events, in every case they are not of our era and up to the times. It is prudent and safe to give them the go by.

This advice is not given from either a personal or selfish motive, but on the same principle that we or any other modern man of progress would pursue when seeking a professional consultation in the case of a patient dangerously ill. If we value his counsel, it is because we know he is a man who takes and reads modern medical journals and buys modern medical books, and attends society meetings, actively contributing to their work and proceedings. In other words, his thoughts

and methods in practice correspond with the newest knowledge, both in diagnosis, etiology, pathology and therapeutics.

Who cares for the counsel or expressions of the man who graduated twenty or more years ago, and has not since that time bought a book or read a medical journal except that sent to him gratis as a specimen copy?

This principle applies equally and with precisely the same force to merchants and manufacturers who are doing business in the same way as twenty or more years ago. They sit behind their desks or stand in their store doors, suck their thumbs, and musingly wonder why trade is so dull, and business not so good as formerly. The fact is, there is more business than ever before, but new men with new notions and ideas that correspond with rapid transit and lightning methods are working both town and country, and getting all the trade.

So that it is as evident as the glare of the noonday sun, or a boil on the end of a man's nose, that the men who are in business for both reputation and revenue purposes use all reasonable and reputable ways for the attainment of desired ends, and every time you strike the name of a man or firm that wants to trade with you going about in some secret or underhand way, nine times out of ten they are frauds, and every time it is prudent to keep clear of them and their wares.

To our subscribers and advertisers we wish you one and all a very happy and a very prosperous

NEW YEAR.

Preserve your Files:

Now is the time to send your journals and magazines to the LANCET-CLINIC office to be bound. Low prices prevail.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending December 19, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Croup.		Typhoid Fever.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....	3	..	..	..	..
2.....	2	..	..	..	..
3.....
4.....	1	..	..	..	..	..	3	..	..	..	..
5.....	1	..	..	..	..	..	..	..	..
6.....	1	1	..	..	..
7.....	1	1	..	..	2	1	..	..	..
8.....
9.....
10.....	1	..	1	1	..
11.....	2	..
12.....	1	..	..	..	7	2	..	..	..
13.....	1	..	..	..	1	1	2	..	..
14.....	2	1	..	..	..
15.....	1	..	..	..	..	..	..	..	..
16.....	1	..	..	..	..	..	..	..	..
17.....	1	..	..	..	..
18.....
19.....	2	..	..	..	1	..	..	..	..
20.....
21.....	1	..	..	..	..
22.....	3	..	..	..	2	..	..	..	..
23.....	3	..	..	..	..
24.....	11	1	..	..	4	..	..	..	..
25.....	1	..	..	..	..	..	..	..	..
26.....	2	..	..	..	..
27.....	1	..	..	..	..
28.....	1	..	1	..	..	..	2	..	..	..	..
29.....	3	..	..	..	..	..	..	..	..
30.....	4	1	..	..	..
Public Institutions	1
Totals	2	..	26	3	..	..	39	10	2	5	1
Last week.	3	..	13	..	..	..	62	12	1	..	7

The following is the mortality report for the week ending December 19, 1890.

Croup.....	5
Cholera Infantum.....	1
Diarrhoea.....	2
Diphtheria.....	10
Scarlet Fever.....	3
Typhoid Fever.....	1
Other Zymotic Diseases.....	6-28
Cancer.....	2
Consumption.....	11
Other Constitutional Diseases.....	4-17

Apoplexy.....	3
Bronchitis.....	4
Convulsions.....	3
Heart Disease.....	5
Pneumonia.....	7
Other Local Diseases.....	14-36
Deaths from Developmental Diseases.....	14
Deaths from Violence.....	5
Deaths from all causes.....	100
Annual rate per 1,000.....	16.00
Deaths under 1 year.....	23
Deaths under 5 years.....	35
Deaths for corresponding week of 1889....	110
Deaths for corresponding week of 1888....	93
Deaths for corresponding week of 1887....	133

J. W. PRENDERGAST, M.D., Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 71 cities and towns during the week ending December 19, 1890:

Diphtheria: Akron, 2 cases, 1 death; Bloomville, 1 case; Bucyrus, 3 cases, 1 death; Carthage, 1 case; Cincinnati, 39 cases, 10 deaths; Cleveland, 12 cases, 2 deaths; Columbus, 10 cases; Dayton, 10 cases, 4 deaths; Doylestown, 2 cases; Elmwood Place, 1 case; Findlay, 2 cases; Leesburg, 10 cases, 1 death; McComb, 1 case, 1 death; Middleport, 1 case; Sandusky, 1 case; Tiffin, 6 cases, 1 death; Toledo, 8 cases, 2 deaths; Wilmington, 1 case, 1 death; Wellsville, 1 case; Youngstown, 4 cases; Zanesville, 1 case.

Scarlet Fever: Ada, 1 case; Bucyrus, 2 cases; Chicago, 6 cases; Cincinnati, 26 cases, 3 deaths; Clifton, 2 cases; Clyde, 4 cases; Columbus, 3 cases, 2 deaths; Cleveland, 6 cases; Dayton, 2 cases; Defiance, 1 case; Doylestown, 1 case; Ironton, 2 cases; Navarre, 2 cases; New Lisbon, 3 cases; North Amherst, 7 cases; Sandusky, 2 cases; Tiffin, 1 case; Toledo, 2 cases; Youngstown, 5 cases, 1 death.

Typhoid Fever: Ashland, 1 death; Bucyrus, 1 case; Canal Dover, 2 cases, 1 death; Celina, 3 cases; Cincinnati, 3 cases, 1 death; Cleveland, 11 cases, 2 deaths; Columbus, 1 death; Coshocton, 4 cases; Defiance, 1 case, 1 death; Kent, 1 case; Lynchburg, 3 cases, 1 death; Mansfield, 1 case; Middletown, 2 cases, 1 death; Toledo, 1 death; Wellston, 3 cases; Wellsville, 7 cases; Youngstown, 7 cases.

Whooping-Cough: Ashland, 2 cases; Cleveland, 1 death; Coshocton, 2 cases.

Measles: Ada, 6 cases; Cincinnati, 2 cases; Cleveland, 4 cases; Glouster, 10 cases, 2 deaths; Ironton, 15 cases, 2 deaths; Youngstown, 1 case; Middleport, 3 cases.

No infectious diseases reported to health officers in 30 places.

C. O. PROBST, M.D., Secretary.

BINDING.—A VOLUME ($\frac{1}{2}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

Obituary.

BENJAMIN FRANKLIN RICHARDSON, M.D.

JOHN DAVIS, M.D.

Since our last issue there have passed from among us two physicians who have been prominent and shining lights in our local profession.

Dr. Benjamin F. Richardson died on Wednesday morning, December 24, at his home in Avondale. Dr. Richardson was a native of Columbiana county, in this State, and at his death was aged seventy-three years. Possessing very good early educational advantages, he entered Starling Medical College, and graduated from that institution in 1848. He came at once to Cincinnati to practice his profession, and from the time of his opening an office entered upon a successful professional career. With a commanding presence, added to excellent conversational gifts, he soon obtained a business equal to that of many who were his seniors in practice. His oratorical powers were fine, and he for a time was in the political arena, as one of the leaders of the political party with which he affiliated. His profession was ever his first love, and to that he clung. He was made Professor of Diseases of Women and Children in the Medical College of Ohio, and afterwards filled the same chair in the Miami Medical College. His ability as a lecturer was of a very high order. For a number of years he was an active member of the Academy of Medicine, reading papers of the highest value and taking part in the discussions. In the latter Dr. Richardson was a foeman worthy of any man's best tempered steel. For many years he numbered among his *clients* some of the best patronage of this vicinity, and in all his intercourse with his professional brethren he was the soul of honor. Some ten or twelve years ago he unfortunately was tempted to engage in a manufacturing business that soon com-

pletely wrecked his fortune; after that his spirit seemed to be broken. For a time he kept an office on Seventh street near Vine, but gave it up as if not caring to make a new fight for fame, and retired to live with his family in an adjoining suburb.

To know Dr. Richardson was to know a man of a very high order of intellect, a man of fine attainments and a practitioner of great skill. It is not depreciating the ability of any other man to say that Dr. Richardson, as a practitioner in diseases of children, never had a superior in this city. Among the little ones his diagnostic ability was a marvel to those who had the opportunity of observing the man and his methods. In the death of Dr. Richardson the medical profession has lost one of its best men. His family has our sincere sympathy in their great bereavement.

Suddenly, after a day of Christmas festivities in his own home, Dr. John Davis was not, for, like the prophet of old, God took him, apparently without pain or a struggle. In the evening he retired for a few minutes from the parlors, when he was prostrated, and, noticed by his servant, he was carried to his bed in an adjoining room, where within a very few minutes he breathed his last.

Born in Butler county, O., January 4, 1821, he was nearly seventy years of age; of Welsh parentage, his family came to this city when he was quite young. Here he attended the public schools and graduated at Woodward College in 1840. At once the study of medicine was begun with Dr. Eberle, who was one of the first men in our profession at that period. He graduated from the Medical College of Ohio, and served a year in the old Commercial Hospital. He then opened an office on Vine street north of the canal, and began a most successful career as a practitioner. He was made Professor of Anatomy in the Miami Medical College at the first organization of that institution, and filled his chair with great acceptability until the Miami College was united with the Ohio. In the

reorganized faculty he was tendered the chair of Surgical Anatomy; this he declined, and refused further college connections. For more than thirty years he was one of the staff of the Commercial, afterwards the Cincinnati Hospital. During the late war he served in this city as an acting assistant surgeon, and was for a long time in charge of the Marine Hospital, which was then in the military service.

Few men have been so successful as medical practitioners as Dr. John Davis. His skill as a diagnostician was noteworthy. In his treatment of disease he almost uniformly pursued an expectant plan, after the method adopted by Dr. Austin Flint.

In obtaining professional business and in retaining it under all circumstances and conditions, we never saw the equal of Dr. John Davis. His patrons believed in him just as they did in their religion, and seemingly nothing could swerve them from their adherence to the man. This was so remarkable as to be wonderful.

During his latter years he has been the Medical Director and President of the Union Central Life Insurance Company, of this city, an institution of which he was one of the founders, and which has become one of the largest and most successful in this country. Notwithstanding this business connection, he adhered to the practice of his profession.

From childhood he was an active member of the Methodist Episcopal Church. Always interested in public and private charities, he was for many years the attending physician of the Home of the Friendless and of the Cincinnati Orphan Asylum. As president of the Law and Order League of this city he accomplished very much in the way of reform in our municipal government. His courage and fight for the right showed that he was of the nature of the martyrs of the Middle Ages. Dr. John Davis would have marched to the stake at any time rather than abjure his religion or renounce his convictions of what was morally right.

Dr. Davis was married in 1849 to Miss Eliza Given, of Freeport, Pa.

Mrs. Davis survives her husband, and has our most profound sympathy and condolence in this, her hour of trial and bereavement. Never was there a more affectionate and loving couple than Dr. John and Mrs. Davis. She was a true helpmeet in all his life. To tell of their benevolent work would be to fill the entire number of this journal. They had but one child, John Jr., who died at three years of age.

Our profession loses, in the death of Dr. John Davis, one of its brightest ornaments, the church one of its most devoted members, our city a highly valued citizen, and his family an irreparable loss. We mourn his death as one of our own family.

IMPURE ICE.—The State Board of Health, of New York, after a careful investigation of the subject, recently came to the following conclusions as to the effects of impure ice in causing disease: "Ice formed in impure water has caused sickness; it may contain

from eight to ten per cent. of the organic matter dissolved in the water, and in addition a very large amount of organic matter that had been merely suspended or floating in it; it may contain living animals and plants ranging in size from visible worms down to the minutest spores, and the vitality of these organisms may be unaffected by freezing."

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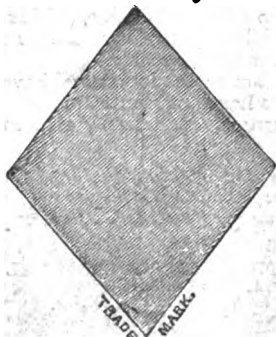
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